



Character, Customer Service, Employee Owned

**Southwest's Most Progressive Distributor of Plumbing, Electrical, & HVAC Supplies
Over 180 Branches Serving a 7 State Area**

To Locke Supply Co.

I, _____, of _____, do hereby
Credit Card Holder Name of Credit Card Holder or Company

authorize Employed Representatives of Locke Supply Co. to process all "Over the Phone" Corporate Credit Card purchases for material, parts, and equipment for: _____
Name of Credit Card Holder or Company

Also, the following is a list of requirements, such as PO# or Job Address:

_____ assumes all responsibility for payment on any and all "Over
Name of Credit Card Holder or Company

the Phone" purchases made at Locke Supply Co. by our corporate credit card. I authorize the following employees to purchase with this credit card: _____.

This information will be kept on file at Locke Supply Co. for one year, or the card's listed below expiration dates, which ever is first. If you wish to continue to use the said card for phone order purchases, the information on file will need to be updated accordingly.

Signature Of Credit Card Holder, Title

Address of Credit Card Holder

City, State and Zip Code of Credit Card Holder

Name of Corporation

***Credit Card Type, Account#, Expiration Date and 3 Digit Security Code (on back of card)
*(A copy of Credit Card must accompany this form)***

MAILING ADDRESS
P.O. Box 26128
Oklahoma City, Oklahoma 73126

SHIPPING ADDRESS
1300 S.E. 82nd Street
Oklahoma City, Oklahoma 73149

PHONE (405) 631-9756
FAX (405) 632-2471
2ND FAX (405) 631-0585