



Ring's End, Inc.
181 West Avenue
Darien, CT 06820
800-390-1000 | RingsEnd.com

For Office Use Only

Customer Code:

Cash Account Application/Update

Customer Type: Contractor _____ Painter _____ Homeowner _____ Other _____

Applicant's Name (Print first and last name): _____

Business Name (Commercial application only): _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Primary Telephone Number: _____ E-mail Address: _____

I would like to receive invoices via e-mail (check one): _____ Daily _____ Weekly _____ Monthly _____ No

(To ensure our e-mails reach you, please add webmaster@ringsend.com to your address book or safe sender list.)

I would like to require a purchase order number on all purchases: _____ Yes _____ No

I would like account access on RingsEnd.com: _____ Yes _____ No

Driver's License Number: _____ State: _____ Expiration Date: _____

Authorized Users (Print first and last name):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Applicant's Signature: _____ Date: _____

Credit Card Authorization/Update

Complete and sign this form to authorize Ring's End, Inc. to charge the credit card listed below.

I _____, authorize Ring's End, Inc. to charge my credit card:

(Print first and last name):

Terms (Choose one):

_____ One time in the amount of \$ _____

_____ Keep credit card on file and invoice as requested by me or an authorized user.

_____ Keep credit card on file for my existing account _____ and invoice as requested by me or an authorized user.
(customer code)

Cardholder Name: _____

Card Number: _____ Expiration Date: _____ CVV: _____

Billing Address (if different from above): _____

City: _____ State: _____ County: _____ Zip: _____

I authorize Ring's End, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am the primary or joint account holder of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Cardholder's Signature: _____ Date: _____