



## ALTERNATE SHIPPING ADDRESS AUTHORIZATION FORM

Our Credit Card Policy requires all shipments to be sent only to the billing address of the credit card; therefore, we cannot redirect packages to another address without written authorization.

If you would like to send your package to an alternate address or freight forwarder, then we must receive this requested form before we can ship your order.

### Card Holder Declaration:

I, \_\_\_\_\_, am the legal card holder of the credit card noted and authorize Roynette Inc dba Contractors Direct, www.contractorsdirect.com to send my order # \_\_\_\_\_ to the alternate address that I have provided below. I acknowledge that the new shipping address is different from the one originally provided on my order and release Roynette Inc dba Contractors Direct, www.contractorsdirect.com from any liability in the event where theft occurs to the shipment after delivery is completed, as per the records of the carrier. \*If I am shipping to a freight forwarder, I also acknowledge that damages cannot be replaced, unless there is a clear manufacture's defect in the item, as any damages will be assumed to have occurred while in the possession of the freight forwarder. Any defect replacements will be shipped back to the provided address of the freight forwarder and it is my financial responsibility to arrange shipment from the forwarder to my destination.

### ID requirements:

**X Card Holder Signature**

Today's Date

1) Verify credit card used on this order by completing the info to the right.

2) Copy of front and back of physical card. BLOCK OUT all but the last four digits of card #. \* This verifies you have the card.

3) Copy of photo ID. ID must show your picture and billing address.

\* This verifies your name / photo.

☐ Mastercard

☐ Visa

☐ Discover Card

☐ American Express

Last 4 digits of Card #

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Expiration date: Mo/Yr

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### Card Holder Billing Address:

Card Holder Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. / Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NEW SHIPPING ADDRESS:** ☐ Residential ☐ Business ☐ Freight Forwarder

Name: \_\_\_\_\_ Business name (Req. if selected): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. / Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number at address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOW:** Fax completed form AND identification items to (203) 306-3232 or email them to [orders@contractorsdirect.com](mailto:orders@contractorsdirect.com)  
subject line: Order # \_\_\_\_\_ Alternate Ship Form.