



# SiteOne Landscape Supply Credit Card Payment Authorization

## INSTRUCTIONS

- Please **TYPE** all fields
- Handwritten forms will delay processing and risk errors
- Use only **ONE** form per payment remittance
- Please enter your full Invoice Number, including the suffix (Example: 123456789-001)
- Save the completed form as a PDF file
- Send the PDF file to [siteoneus@supplierpayments.com](mailto:siteoneus@supplierpayments.com)
- Please include **ONE TIME PAYMENT** in the subject of your email

Note: Please verify the Total Payment Amount equals the sum of all line item amounts to ensure your payment can be processed successfully.

## PAYMENT INSTRUCTIONS

Supplier	SiteOne US
Customer #	
Customer Name	
Payment Authorized By	
Full Credit Card Number	
MMYY Expiration Date	
Zip Code	
Email receipt to be sent to	
Total Payment Amount	

## INVOICES TO BE PAID

	INVOICE NUMBER (Example: 123456789-001)	AMOUNT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

If remittance data exceeds the spaces provided above, please submit a CSV file with column headers as shown below:

