



CREDIT CARD AUTHORIZATION FORM

Cardholder Information

Name: _____

Billing Address: _____

City/State/Zip: _____

Drivers License: _____ State: _____

Telephone No: _____

Name on Account: _____

The following person(s) is/are authorized to make purchases on this credit card (please include yourself):

By signing this agreement, I authorize Trio Forest Products, Inc. to accept orders and charge my credit card at the request of the above listed person(s). I authorize orders to be placed in person, by phone, or by other means of communication with no signature required for these transactions. I assume all financial responsibility for these charges to my credit card.

Credit Card Type: _____ Expiration Date: _____

Credit Card Number: _____

I understand it is my responsibility as the cardholder to notify Trio Forest Products, Inc. if any person is no longer authorized to make purchases according to this agreement, or if I wish to terminate this contract. Any changes such as these will be submitted in writing

Cardholder Signature: _____ Date: _____

Contract Start Date: _____

Please provide a copy of the front and back of your credit card along with a photocopy of your drivers license.