



## 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: \_\_\_\_\_ EIN# \_\_\_\_\_  
(3 digit # on back of card)

**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.***

