



## CREDIT CARD AUTHORIZATION FORM

**TYPE:** MASTERCARD VISA AMEX DISCOVER (please circle)

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**3 OR 4 DIGIT ID NUMBER:** \_\_\_\_\_  
(located on the back of your card)

**NAME AS IT APPEARS ON CARD:** \_\_\_\_\_

**AMOUNT: \$** \_\_\_\_\_ **(includes sales tax & shipping)**

**U.S. BILLING ADDRESS:** \_\_\_\_\_

**U.S. BILLING ZIP CODE:** \_\_\_\_\_

*I authorize Trigg Industries International Inc. to charge my credit card listed above for material to be provided by Trigg Industries International Inc. in the amount above.*

**Company name (if applicable):** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**PLEASE FAX THIS DOCUMENT TO 323-845-9503**

***THANK YOU FOR YOUR ORDER!***