



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!