Trinity Graphic USA, Inc.
885 Tallevast Road, Suite C
Sarasota, FL 34243
941-355-2636

Credit Card Authorization Form

Customer Name: _____

Credit Card Number: _____

Expiration Date: _____**Security Code:** _____

Name as it appears on Card:_____

Billing Address: _____

State _____ **Zip** _____ **Phone** _____

Email address for receipt: _____

Notes: _____

_____

By my signature below, I authorize Trinity Graphic USA, Inc. to retain on file my credit card information as shown above. It is agreed that the credit card will not be charged without my advance approval and indication of invoice(s) to be paid, either by email or fax, and that I will receive a receipt for the charge by the same method.

Trinity Graphic USA, Inc. agrees to store the credit card information in a secure location. It is also agreed that Customer can withdraw this authorization at any time by submitting written notice.

_____
Print name

_____
Authorized Signer **Date**

For Trinity Graphic USA, Inc.

Tina Giordano

Tina Giordano, Business Office Manager

Please complete form and return by email to tinag@trinitygraphic.com or by fax to 941-351-9621, to the attention of Tina Giordano, Business Office Manager. Thank you. We appreciate your business.