

Credit Card Authorization Form
Thank you for ordering with Trident.



263 W. Olive Ave 241 . Burbank . CA . 91502
818.845-1581 . 323.849-1519

Please fill out **all** the information below and fax this form back to us at **818/845-3843** or **818/845-0356**.

The invoice will be sent to this address unless otherwise instructed:

Name on card:			
Company, if applicable:			
Phone No.:		Ext.:	
Fax No.:			
	Street Address		Mail stop if applicable
	City	State	ZIP CODE

Goods will ship to the address below unless otherwise instructed.

Shipping address: <input type="checkbox"/> same as billing <input type="checkbox"/> address is a residence	Street Address		Mail stop if applicable
	City	State	ZIP CODE

Description of item(s) and amount to be charged:												

Type of card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Am. Exprs.	<input type="checkbox"/> Discover
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The account number as it appears on the card:																				
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Card expiration date:				
	Month	Year		

Your signature:	Date
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Please make certain you have filled in *all* of the information above before faxing back to us. Missing information will hold up the production of your order.

****If you would like to be emailed when your card has been charged, please provide your email***

address: _____

Check this box to automatically authorize all purchases to be charged to this card through December 2008