

# TRIPLEX DISC CORPORATION

## CREDIT CARD AUTHORIZATION FORM

1. **Fill out** the form below.
2. **Print out** the form, and sign it in the space provided.
3. **Photocopy** the front and back sides of your credit card, as well as your driver's license or photo I.D.
4. **Fax** the completed form and the photocopies to

412-291-1759 Attn: Accounting.

Name:	<input type="text"/>
Card Billing Address:	<input type="text"/>
Billing Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Phone Number:	<input type="text"/>
Card Number:	<input type="text"/>
Expiration Date:	<input type="text"/>
Name on Card:	<input type="text"/>

I authorize  U.S. Dollars to be charged to the above credit card.

Authorized Signature:

\_\_\_\_\_

Date: \_\_\_\_\_