

4889 4th Street, Irwindale, CA 91706

Phone: 800-824-6464 Fax: 800-824-2096

Website: www.trimountain.com

AWARDS

TOP 40 SUPPLIER

CREDIT CARD AUTHORIZATION FORM

In order to purchase using a credit card, please complete this form. The information on this form will be entered into our system under your account and your credit card number will be encrypted. The form will then be shredded for your protection. If you would rather call Customer Service to provide this information over the phone, please call 800-824-6464 and speak to a Customer Service Rep.

Company Name:	Account Number:				
Address:	City:	Sta	ate:	Zip:	_
Credit Card Number:		Е	Exp. Date:		_
Authorization Code (3-4 digit n	umber located on b	ack of your credit ca	ard)		
Name exactly as it appears on	card:				_
Billing Street Address for Cred	it Card:	Bil	ing Zip Co	ode:	
What type of card is this? Sma	III Business 🗆 Corp	orate Personal	Debit C	ard □	
Day Time Phone:	Fax N	umber:			
Print Name		amed to place orders and bill to your credit card are: Sign Name			
2					
3					
By signing above, you are an card noted above for this an X Card Holder's Signature	d future purchases		•		redit
_				Date	
Please check one of the opti	-	•••			
YES □ ALL FUTURE ORDEF NO ☑ PLEASE DO NOT CH				LESS SPECIFIED	
Please fax or email back cor	npleted form(s) to	<u>800-824-2096 or cr</u>	edit@trin	nountain.com	
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