



All Fields Required

Company Name: _____ Contact Name: _____
Address: _____ Phone: _____
_____ Fax: _____
_____ E-mail: _____
Purchase order #: _____ USD\$ _____

(plus shipping and/or tax if applicable)

Card Type: Visa Mastercard American Express Discover

Name as it appears on card: _____

Account Number: _____ Exp. Date: _____

Card Verification Value (CVV): _____
(last set of 3 digits on the back of Visa & MC, 4 digits above last 4 #'s on front of AE)

Credit Card Billing Address: _____

(ALL CREDIT CARD ORDERS MUST SHIP TO THE BILLING ADDRESS OF THE CREDIT CARD)

Please pick whether this application is for a one time purchase or for all purchases.

- I hereby authorize Trinity3 Technology to charge my credit card for the above dollar amount.
- I hereby authorize Trinity3 Technology to charge my above credit card for all purchases.

Cardholder Signature: _____ Date: _____

REF: _____