



ACCOUNT #:

ACCOUNT NAME :

Credit Card Authorization Form

Please print out and complete this authorization form and return to us.

All information will remain confidential.

Cardholder name: _____

Billing Address for CC: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Credit Card Security Code (last 3 digits located on the back of the card or the 4 digit code printed on AmEx cards on the front side above the credit card number) _____

I authorize Trevco, Inc. to charge my credit card provided herein. I agree that I will pay for my purchases in accordance with the issuing bank cardholder agreement. I also authorize Trevco, Inc to use this credit card for future purchases. If the above listed credit card expires, I will provide a current credit card for purchases.

Cardholder - Print Name, Sign and Date below:

Print Name: _____

Signature: _____

Dated: _____

Once signed please return the completed form to:

Trevco, Inc
Attn: Finance
Fax: 248-434-5122
Or email Trevco at the following address: AR@TREVCOINC.COM