

# CREDIT CARD AUTHORIZATION FORM

**American Express**

**MasterCard**

**Visa**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CODE ON BACK OF CARD \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Card Holder Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Charge Authorized Amount: \$ \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Card Holder Name (Print) \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Triangle Duplication to make charges in the amount of \$\_\_\_\_\_ to my Credit Card in consideration for products as requested by me.

Today's Date: \_\_\_\_\_

Charge mentioned on statement will appear as "Triangle Duplication Services"

Return to:

**Triangle Duplication Services**  
**4913 Professional Court**  
**Raleigh, NC 27609**  
**919.622.0746**  
**[www.triangleduplication.com](http://www.triangleduplication.com)**