

# Trims Direct Inc.



Trims Direct Inc.  
PO Box 1  
Melrose, MN 56352

Phone: 320-256-7421  
Toll-Free: 888-261-2141  
Fax: 320-256-7412

Company Name	_____
Invoice(s) #	_____
Invoice(s) Amount	\$ _____
Order Date	_____
Initial here: _____	Please read and initial the statement below and sign indicating your authorization to charge the credit card listed having been issued to you, the cardholder for all orders processed by Trims Direct Inc.

Credit Card Type    \_\_\_ Mastercard    \_\_\_ Visa

Credit Card #        - - - - - - - - - - - - - - - -

Expiration Date     \_\_\_ / \_\_\_ (MM/YY)

                            CW    \_\_\_

Full Name as it appears  
on Credit Card        \_\_\_\_\_

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

Billing Address  
City, State, Zip        \_\_\_\_\_

Telephone #            \_\_\_\_\_

The signature and initials above and below signify that you hereby authorize Trims Direct to charge the credit card listed above for the services indicated on the Quote/Invoice(s) listed above. Please read and initial the statements below and sign indicating your authorization to charge the credit card listed having been issued to you, the cardholder. Without this form signed, we will not authorize the charge to be added to your card. Please contact us with any questions regarding this form.

I authorize Trims Direct to charge my credit card in the amount of \$ \_\_\_\_\_ from the credit card listed above. I understand this will post as a charge on the credit card account listed below and that I authorize such charge

Initial here: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

*Fax this form to (320)256-7412 when completed.*