



## Credit Card Authorization Form

Please Fax Completed Authorization Form to : 905.848.3211 or Email to : [credit@truxint.com](mailto:credit@truxint.com)

Company Information			
Company Name			
Card Holder's Name			
Credit Card Type	Visa	Mastercard	Amex
	[   ]	[   ]	[   ]
Issuing Bank			
Credit Card Number			
CVC Number (Last 3 digits on back of card)			
Expiration Date			
Billing Address			
City			
State / Province			
Country			
Phone Number			
Fax Number			
Bill my Credit Card for	\$		

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at TRUX International Inc.'s discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should be immediately reported to [credit@truxint.com](mailto:credit@truxint.com).

Changes in the status of this card can also be reported to [credit@truxint.com](mailto:credit@truxint.com)

Authorized Signature : \_\_\_\_\_ Date : \_\_\_\_\_