



## AUTOMATIC PAYMENT AUTHORIZATION FORM

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email: \_\_\_\_\_

Total Charges: \$ \_\_\_\_\_

Initial Payment: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Cash       Check       Money Order       Credit Card

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Balance Due: \$ \_\_\_\_\_

An automatic payment for the balance due will be charged to your credit card account provided below 30 days after the indicated initial payment date above. **(Consumer Initials: \_\_\_\_\_)**

### Credit Card Authorization:

(All charges will appear as "Trinity Enterprises Partners, LLC" on your credit card statement.)

Card Holder Name: \_\_\_\_\_

(As Printed on Card)

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

American Express     Discover Card     MasterCard     Visa

Exp Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

By signing below I authorize Trinity Enterprises Partners, LLC to charge my credit card for the purchase referenced above.

Signature: \_\_\_\_\_