Print Form

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CREDIT CARD AUTHORIZATION FORM

Business Name: _____

Customer Number: _____

Phone Number: _____

Site # (internal use): _____

Invoice #'s to be paid:

Inv: _____ Amount: _____ Inv: _____ Amount: _____

Inv: _____ Amount: _____ Inv: _____ Amount: _____

Inv: _____ Amount: _____ Inv: _____ Amount: _____

Additional invoices: _____

Total Authorized Charge amount: $ _____

Authorized Signature: _____

Fax / Email receipt to: _____

Credit Card Billing information:

Name (as it appears on card) _____

Credit Card Billing Address: _____

City: _____ **State:** _____ **Zip-Code:** _____

Country: _____

Auto-Pay?

☐ **Please place my account on "Auto-Pay" (check box then sign below)**

Authorized Signature: _____

I hereby certify that I am the cardholder and authorize Trimble to charge my card automatically each month for all charges incurred for the account number listed above.

Upon successful payment processing, this portion is removed and cross-cut shredded.

☐ Visa ☐ MasterCard ☐ American Express

Last 4 digits of CC Number Here

Expiration Date: _____ **CVV Code**_____

Warning: In the interest of the security of our customers private information please DO NOT email credit card information.

Incomplete forms will cause a processing delay.

Upon successful payment processing, this portion is removed and cross-cut shredded.