



Trisys Credit Card Authorization Form

I, \_\_\_\_\_  
(Name of the credit card holder exactly as it appears on the credit card)

hereby authorize Trisys, Inc. to charge my credit card in the amount of  
\$ \_\_\_\_\_, ( \_\_\_\_\_ )

now and, if applicable, any additional balance due in the amount of  
\$ \_\_\_\_\_, ( \_\_\_\_\_ )

If Trisys has not received a payment within 30 days of the date on the associated invoice,  
I also hereby waive my rights to dispute this charge at any time in the future.

**Cardholder Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Select Card Type:**

American Express      Visa      Master Card      Discover

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YY

**Security Code:** \_\_\_\_\_ **Cardholder Signature:** \_\_\_\_\_

**Billing Address:**

\_\_\_\_\_  
Street Address      Apt. Suite or Floor

\_\_\_\_\_  
City      State      Zip Code

**Company:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**PLEASE FAX THIS COMPLETED AND SIGNED FORM TO  
973-360-2222 OR E-MAIL TO ACCOUNTING@TRISYS.COM**

Accounts Receivables  
Trisys Inc.  
187 Columbia Turnpike, Suite 484  
Florham Park, NJ 07932

[www.trisys.com](http://www.trisys.com)  
Phone: 973-360-2300  
Fax: 973-360-2222