



TRINITY F&B SERVICES,
INC.™

Fax completed form to our accounting department at 817-392-2745

Credit Card Authorization Form

Cardholder Name

Billing Company: _____

Phone

Billing Address: _____

Credit Card Type:

American Express

Visa

Master Card

Discover

Credit Card Number

Expiration Date

Card Verification Number(3 digits on the back for Visa/MC or 4 on the front for AMEX): _____

I hereby authorize Trinity F&B Services, Inc. to apply costs for the listed event to the credit card identified above. I understand that the card will be processed in advance for all estimated charges.

Authorized Signature

Date