



TriFREAKS, Inc. - Payment Authorization Form

Name: _____ | Tel. #: _____ - _____ - _____

Purpose of payment: _____

Description of Item: _____

Are you a USAT Member? (Circle One) Yes (USAT #: _____) No
(Non Members are required to pay a \$10.00 one Day Licensing Fee)

Amount Due: _____

Check One: CASH/CHECK VISA | MASTERCARD | DISCOVER
If payment is made via Debit/Credit Card, you are hereby authorized to charge the below referenced account.

Cardholder Name: _____
(NAME AS IT APPEARS ON THE CREDIT CARD)

Credit Card Number: _____ - _____ - _____ - _____

CSV _____ (Security Code On Back of Card)

Credit Card Expiration Date: _____ / _____ (MONTH) (YEAR)

Amount Paid: \$ _____

(Note: Sales Tax and Shipping May Apply)

Cardholder Signature: _____

Cardholder Email (for receipt): _____
(PLEASE PRINT VERY CLEARLY)

PLEASE COMPLETE FORM AND FAX, SCAN & EMAIL, OR SEND VIA REGULAR MAIL TO

TriFREAKS, Inc. | 9240 120th Ave NE, Kirkland, WA 98033

Tel. #: 425.766.8787 | Fax #: 425.270.1407 | info@TriFREAKS.com