



Trilogy Entertainment Network

Cathy Gilligan

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Tel 888-624-3670 Fax 866-260-3549

www.TrilogyEN.com

CREDIT CARD AUTHORIZATION FORM

The under signed individual authorize Trilogy Entertainment Network to charge their credit card.

Type of Card (Check one): MasterCard _____ VISA _____ American Express _____

Credit Card Number _____ Expiration Date _____

ID Code: _____

This is the three-digit code on the back of MasterCard and VISA cards and the four-digit code above the last five digits of the American Express card.

Name on Card _____

Company _____

Address _____

City _____ State _____ Zip _____

Note: This must be the address that the credit card bill is sent.

Cardholder's Signature _____

Please print name _____ Date _____

Phone Number _____

Fax Number _____

Total Invoice: \$ _____

**Please fill out this form and return to Trilogy Entertainment Network via Fax.
866-260-3549**