



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN IT TO OUR OFFICE BY FAX. PLEASE ALSO FAX A COPY OF YOUR CREDIT CARD (BOTH SIDES)

This form authorizes TringMe LLC to charge the Reseller for the amount as mentioned below. I, the undersigned Reseller have already tried the product and it meets all my requirements.

RESELLER NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD

Credit Card Number: _____

Expiration Date: _____ - _____ - _____ - _____
_____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



TringMe User-Id: _____

TringMe Account email address: _____

Amount To Be Charged: \$ _____ (\$200 USD)

_____ (Other (min \$200 USD))

FAX the authorization form and copy of credit card (both sides) to TringMe LLC at 1-720-596-8682. For any questions, please contact bizdev@tringme.com