



TRIOLOGY ENTERTAINMENT BILLING AUTHORIZATION FORM

Billing First Name: _____

Billing Last Name: _____

Billing Middle Initial: _____

Billing Street Address: _____

Building/Apt: _____

Billing City: _____

Billing State: _____

Billing Zip: _____

Billing Country: _____

Telephone: _____ Ext _____

Payment Method*: Credit Card Debit Card

If Paying by Credit Card, Type of Card: VISA MasterCard Discover AMEX

Last Four Digits of Credit Card: ____ ____ ____ ____

Expiration Date (mm/yy): ____ / ____

Signature: _____ Date: _____

By signing this form you are authorizing Trilogy Entertainment to bill your credit card per the terms and agreement of our general contract. You will be issued an invoice of this transaction along with a copy of your billing rights. Your credit card may be billed for the remaining balance (*if any*) 14 days prior to your event date.

*see instructions on page 2



Fax to:

1-888-519-8518

Mail to:

Trilogy Entertainment
Po Box 97
Clifton Heights
Pa, 19018-0097

**If paying by credit card or debit card
YOU MUST CALL US at 1-888-519-8518
in order to finalize the transaction!**