



**SkyTracker Southeast, Inc.**  
**Regional Administration**  
1092 West Atlanta Street, SE, Suite 300, Marietta, GA 30060  
Tel 800-624-3670 Fax 866-260-3549  
[www.SkyTrackerOnline.com](http://www.SkyTrackerOnline.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 SkyTracker Southeast, Inc. via Fax.  
866-260-3549