

Tri-Ed Electronic Order Authorization

Please fill out the following information and sign below to authorize communication with Tri-Ed:

Company Name:

Address:

Phone number:

Tri-Ed Account Representative:

Tri-Ed Account Number:

Instructions

- Once you have signed and completed this form please send it to dparkinson@securitytrax.com, thansen@securitytrax.com, gcasperson@tri-ed.com, and to your Tri-Ed account representative.
- Send a separate email to EDISupport@tri-ed.com with a request that Tri-Ed send you a spreadsheet of all your “ship-to” numbers on file.

Signature _____ Date _____

Print Name _____ Title _____