

CREDIT CARD PAYMENT FAX FORM

CUSTOMER INFORMATION:

First Name: _____ **Last Name:** _____

Company Name: _____

Address: _____

City: _____ **State/Province:** _____

Zip/Postal Code: _____ **Country:** _____

Home Phone: _____ **Work Phone:** _____

Fax: _____

E-mail: _____

CREDIT CARD INFORMATION:

I, _____, hereby authorize SIAM DIGITIZING CO.,LTD. to charge my credit card account according to each time I receive the invoice.

Credit Card Type: ___ MasterCard ___ Visa ___ American Express

Cardholder Name: _____

Card Number (enter digits only no spaces or letters): _____

Expiration Date: _____

Card Validation Number (last 3-digit number on signature strip on back of card): _____

Card Issuer: _____

If you want to fax us your credit card details, please fill out this form and fax it to us.

SIAM DIGITIZING CO.,LTD.

119/56 PHETKASEM RD,

ORM NOI, KRATHUM BAEN DISTRICT, SAMUTSAKORN,

THAILAND, 74130

Tel: 66 2 8114 940, 66 2 8114 618

Fax: 66 2 8114 948

(66) Country dialing code (2) Area code

E-mail: service@siamdigitizing.com; sdigitize@ego.co.th

Website: <http://www.siamdigitizing.com>