

CREDIT CARD PAYMENT FAX FORM

TO: DIGITIZING FACTORY LIMITED PARTNERSHIP
1598/1 Soi Somdetchphracho-Taksin 4,
Somdetchphracho-Taksin Rd.,
Kwang BANG YI RUEA, Khet Thonburi, Bangkok 10600 Thailand
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EMAIL: digitize@digitizingfactory.co.th, digifac@ksc.th.com
WWW.DIGITIZINGFACTORY.COM

CUSTOMER INFORMATION

NAME: COMPANY NAME:

ADDRESS 1:

ADDRESS 2:

COUNTRY:

TEL: FAX:

EMAIL:

CREDIT CARD INFORMATION

I,, hereby authorize DIGITIZING FACTORY LTD., PRT.
to charge my credit card account according to each time I receive the invoice.

CARD TYPE: VISA MasterCard

CREDIT CARD NUMBER:

CARD HOLDER NAME:

EXPIRATION DATE:

* CVV2 or CVC2 CODE:



CARD HOLDER SIGNATURE:

**ALL INFORMATION ENTERED ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL BY
DIGITIZING FACTORY. PLEASE FAX TO 662 4669098**

(66) --Country dialing code (2)--Area code

You may need to dial an international dialing code before dialing the country code.

* Visa (CVV2), MasterCard (CVC2): Three digits to the right of the credit card number in the signature area on back of the card.