

## CREDIT CARD PAYMENT FAX FORM

TO: DIGITIZING FACTORY LIMITED PARTNERSHIP  
201-203 CHAROENNAKORN SOI 10,  
CHAROENNAKORN RD., KWANG KHLONGTONSAI,  
KHLONGSARN, BANGKOK 10600  
TEL: 66 2 8613060-1 FAX: 66 2 8613063  
EMAIL: digifac@inet.co.th  
WWW.DIGITIZINGFACTORY.COM

### CUSTOMER INFORMATION

NAME: ..... COMPANY NAME: .....

ADDRESS 1: .....

ADDRESS 2: .....

CITY: ..... STATE: ..... COUNTRY: .....

TEL: ..... FAX: .....

EMAIL: ..... WEB SITE: .....

### 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  American Express

CREDIT CARD NUMBER: .....

CARD HOLDER NAME: .....

EXPIRATION DATE: .....

\* CVV2 or CVC2 or CID CODE: .....



CARD HOLDER SIGNATURE: .....

**ALL INFORMATION ENTERED ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL BY  
DIGITIZING FACTORY. PLEASE FAX TO 66 2 8613063 OR 66 2 8613067**

**(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.  
American Express (CID): Four digits printed (not embossed) on the right front of the card above the credit card number.