

CREDIT CARD PAYMENT FAX FORM

(FORM # 1)

TO: DIGITAL GRAPHIX FACTORY LIMITED PARTNERSHIP
201-203 CHAROENNAKORN SOI 10,
CHAROENNAKORN RD., KWANG KHLONGTONGSAI,
KHLONGSARN, BANGKOK 10600
TEL: 66 2 8613064-5 FAX: 66 2 8613067
EMAIL: digital@inet.co.th
WWW.DIGITALGRAPHIXFACTORY.COM

CUSTOMER INFORMATION

NAME: COMPANY NAME:

ADDRESS 1:

ADDRESS 2:

COUNTRY:

TEL: FAX:

EMAIL:

CREDIT CARD INFORMATION

I,, hereby authorize DIGITAL GRAPHIX FACTORY LTD., PRT.
to charge my credit card account in the amount of US\$

IN WORDS (US\$)

CARD TYPE: VISA MasterCard American Express

CREDIT CARD NUMBER:

CARD HOLDER NAME:

EXPIRATION DATE:

PAYMENT INFORMATION

INVOICE #

DESCRIPTION / FOR:

CARD HOLDER SIGNATURE: DATE:

ALL INFORMATION ENTERED ON THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL BY
DIGITAL GRAPHIX FACTORY.
PLEASE FAX TO 66 (COUNTRY CODE) 2 (AREA CODE) 8613067 (PHONE NUMBER)-66 2 8613067