

CREDIT CARD PAYMENT FAX FORM

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:

CITY: STATE: COUNTRY:

TEL: FAX:

EMAIL: WEB SITE:

CREDIT CARD INFORMATION

I,, hereby authorize DIGITAL GRAPHIX 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
DIGITAL GRAPHIX 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.