

## **CREDIT CARD PAYMENT FAX FORM**

TO: DIGITAL GRAPHIX FACTORY LIMITED PARTNERSHIP  
1598/1 Soi Somdetchphracho-Taksin 4,  
Somdetchphracho-Taksin Rd.,  
Kwang BANG YI RUEA, Khet Thonburi, Bangkok 10600 Thailand  
Tel: +662 4669099 Fax: +662 4669098  
EMAIL: digital@digitalgraphixfactory.co.th, digital@digitalgraphixfactory.com  
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 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  
DIGITAL GRAPHIX 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.