

CREDIT CARD CHARGE AUTHORIZATION

Date:

Ordered By

Company:	<input type="text"/>
Address:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Contact Name:	<input type="text"/>

DigiFab Systems, Inc
 5015 Pacific Blvd
 Vernon, CA
 U.S.A.
 90058
 Phone: 323-581-4500
 Fax: 323-582-4500
 www.digifab.com

New York Branch
 1412 Broadway, Suite 1100C
 New York, NY
 U.S.A.
 10018
 Phone: 212-944-9882

Credit Card Information			
Invoice # / P.O. or your reference#:	<input type="text"/>	Amount:	<input type="text"/>
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	Expiration Date: <input type="text"/>
Card Number:	<input type="text"/>		
Verification / Security Code:	<input type="text"/>	<input type="checkbox"/> Personal	<input type="checkbox"/> Corporate
Cardholder's Name on Card:	<input type="text"/>		
Cardholder's Address if different from above	<input type="text"/>		
Cardholder's Signature:	<input type="text"/>		

Internal Use Only

Order Completed:	<input type="text"/>
Ship Date:	<input type="text"/>