

Credit Card Order Form

Place Your Order Direct On Fax: +886-4-23589555

Order By (All information below is required)									
Name :			Company Name :						
Dealer No. : D-8-5			TEL:			Fax:			
Address:									
	Ship	To (If diff	erent, all info	ormation	as below is	require	ed)		
SAME AS ABOVE									
Part No.		Application	n e	Do	mark	QTY	Lini Drice	Total-price	
Part No.		Application		Re	illai K	QII	Uni-Price	i otai-price	
Currancy: EUR / USD					Tota	al amount			
					Shipping cost				
					Insurance				
					Bank Surcharge (3%)				
						rand Total			
Credit Card Info									
Please tick appropriate box									
Wastercard									
Credit Card Number									
Valid From Expiry Date CID Code (last 3 or 4 digit numbers printed on back of your credit card)									
	'								
Date : Signature :									
Thank you very much for your order									
					· Joa vory		,	0.401	