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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **Credit Card Authorization Form** | | | | | | | | | | | TEL：+886 2 2521-1943  FAX：+886 2 2521 1945 | | | | | | | |
| **Credit Card Information（＊necessary）** | | | | | | | | | | | | | | | | | | | | | | | |
| ＊Card Holder | |  | | | | | | | ID Number | | | | | | | | |  | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | |
| Tel. Number | | (H): (O): (M): | | | | | | | | | | | | | | | | | | | | | |
| ＊Amount | |  | | | | | | | | | | | | | | | | | | | | | |
| ＊Credit Card Type | | □ VISA □ MASTER □ JCB | | | | | | | | | | | | | | | | | | | | | |
| ＊Issuing Bank | |  | | | | | | | | ＊Card Expiration Date  （Month/Year） | | | | | | | | / | | | | | |
| ＊Credit Card Number | |  |  |  | |  |  |  | | |  | |  |  |  | |  | |  |  |  |  |  |
| ＊Card Holder's Signature | | Card Holders agree to follow the regulations of the use of Credit Card . Once you use your credit card to pay for the purchases, you must implement to your payment obligation to your credit card issuing bank.  (Signature must be identical with the signature on Credit Card） | | | | | | | | | | | | | | | | | | | | | |
| ＊Card Verification Number | |  | | | | | | | | | | ＊Order Date | | | | | |  | | | | | |
| Company Issue Number | | 011704810387001 | | | | | | | | | | Authorization Code | | | | | |  | | | | | |
| **Invoice Number / Description** | | | | | | | | | | | | | | | | | | | | | | | |
| Invoice Number |  | | | | | | | | | | | | | | | | | | | | | | |
| Company Name |  | | | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | |
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※Please carefully fill in all the required information and fax to 886-2-2521-1945 or mail to chemreg@dgsiglobal.com