

LAMITECH, INC.
322 HALF ACRE ROAD
CRANBURY, NJ 08512
Phone 609-860-3087 / FAX 609-860-8580

CUSTOMER CREDIT CARD DETAIL

In order to process payment of your order by credit card
Please complete the following information and fax back to 609-860-8580

ATTN: ACCOUNTING DEPARTMENT

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Email: _____

Type of Credit Card (CIRCLE ONE) MC VISA AMERICAN EXPRESS

A 2.5% Credit Card Fee will apply to MC / Visa and a 3% fee to Amex transactions

Name on Credit Card: _____

BILLING ADDRESS FOR CREDIT CARD

Address _____

City: _____ State: _____ **Zip:** _____

Account No.: _____

Expiration Date: _____

CVV Code: _____

(the last 3 numbers on the back of the credit card in the signature panel)

(on AMEX – 4 digits – located on the front of the card)

(for internal use only)

SALESPERSON: _____