

ESTORAGE TECHNOLOGY CO., LTD.

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Credit Card Payment Form

MERCHANT NO.: 13-016-1235-3

Paid / Authorize Date: _____

Company Name: _____

Title: _____

First Name: _____ Last Name: _____

Address: _____

Postal Code: _____

Telephone: _____ Fax: _____

Card Type: ☐ VISA CARD ☐ MASTER CARD ☐ JCB

Issuing Bank of Credit Card: _____

Credit Card NO.:

Valid Dates (Month/Year- Month/Year): _____ - _____

Name on the card: _____

Total Amount: **USD** _____

Authorize Signature/ Card holder (same as on your credit card): _____

Client P/O No.: _____

Title Name: _____

Please print the form, and then fill in the information as complete as possible.

Sign before you back to us. (Fax no.: 886-2-8990-405)