



LAMITECH, INC.

322 Half Acre Road
Cranbury, NJ 08512
PH 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 Dept.

Company: _____

Address: _____

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

Phone No: _____

Type Of Credit Card (CIRCLE ONE): **MC** **VISA** **AMERICAN EXPRESS**

Name On Credit Card: _____

Account No: _____

Expiration Date: _____

CVV2 No. _____

(The last 3 numbers on the back of card in the signature panel M/C VISA; 4 digits on front of AMEX)