



Digital Products Company
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CREDIT CARD PAYMENT FORM

- **For security purposes, please do not email credit card information.**
- **Fax this form to our USA office (fax +916-985-8460).**
- **Credits cards cannot be processed if any information on this form is illegible. Please print with black ink pen.**

CREDIT CARD INFORMATION		
Customer Name:		
Order ID Number: (Shown at upper left corner of invoice, under the date)		
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Credit Card Number:		Expiration Date:
Exact Name(s) on Credit Card:		CVC2 Code:
Payment Amount (US Dollars):		
Signature:		Date:
CREDIT CARD BILLING ADDRESS		
Street Address:		
City:		
State:	Zip/Postal Code:	Country:
Phone Number:		