

METHOD OF PAYMENT FORM

LASERTRON INC, 14251 N.W. 4TH STREET, SUNRISE, FL 33325
PH 954 846 8600 FAX 954 846 8604

CUSTOMER INFORMATION:

COMPANY NAME

ADDRESS

CITY/STATE/ZIP

PHONE

FAX

SIGNATURE

PRINT NAME

COMPANY CHECK. PLEASE MAKE PAYABLE TO LASERTRON INC.

CREDIT CARD.

BY SIGNING BELOW, YOU HAVE AUTHORIZED LASERTRON TO CHARGE YOUR CREDIT CARD ACCOUNT. PLEASE COMPLETE THE INFORMATION REQUESTED BELOW. IF MORE THAN ONE METHOD OF PAYMENT IS TO BE USED, PLEASE FILL OUT AN ADDITIONAL FORM. THE AMOUNT AUTHORIZED MUST EQUAL THE TOTAL VALUE OF THE ORDER PLACED.

AUTHORIZED AMOUNT: \$

MASTERCARD

VISA

AMERICAN EXPRESS

ACCOUNT NO:

EXP DATE

SC

CARDHOLDER NAME (PRINT)

CARDHOLDER SIGNATURE

CARDHOLDER BILLING ADDRESS

CITY/STATE/ZIP
