

Credit Card Order Form

Date		
Quotation/PO Number		
Total Amount		USD:
Company Name		
Customer Name		
Email for Order Confirmation		
Card Type		Visa () Mastercard ()
Card Number (16 Digits)		
Expiration Date (MM/YY)		
Security Code (3-4 Digits)		
Name on Card		
Ship To	Name	
	Address 1	
	Address 2	
	Phone #	
	Email	
Bill To (if different from Ship To contact)	Name	
	Address 1	
	Address 2	
	Phone #	
	Email	

Authorized Signature

* Please fax the completed form to Newlight Photonics Inc. at +1 (416) 536 - 8196 or password protect the form and emai it to sales@newlightphotonics.com Call us at +1 (416) 536 - 8368 if you have any questions.