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Credit Card Authorization Form

Please fax this document together with both sides of your credit card and driving license to +65-62251467 or scan and email to billing@signetique.com. For enquiries, please email to billing@signetique.com.

Contact Information

Company: _____
Primary Contact: _____
Address: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____
E-Mail: _____

Payment Information

Company: _____
Name on Credit Card: _____
Billing Address: _____
Billing Address 2: _____
City: _____ State: _____
Zip: _____
Phone: _____
Fax: _____
Credit Card Number: _____
Credit Card Type: Master Card/ VISA/ Discover/ AMEX Expiration Date: ____ / ____
Invoice No: _____ Amount: _____

[] I agree to the terms of services and hereby authorize Signetique IT Pte Ltd or her Credit Card Processor Agent, (WorldPay/ MOLPay) to charge to my credit card for my invoices.

Signature: _____

Printed Name: _____

Title: _____