

Credit Card Payment Form

Name : _____
(as shown on the card)

Card no : _____

Expiration Date : _____

CCV no : _____

I authorize ShamuShamu Co.,Ltd. To charge the following amount on the above credit card (THB):

For my order number: _____

Signature : _____

Date: _____

Please fax the signed document to 0-2211-7788