



WWW.LT-AUTOMATION.COM

Date: _____

Authorization

I, _____ authorize to
(Your name here as appears in the Credit card)

Latin Tech Inc / Triangle Research Lmtd

To charge my credit card according the following:

Amount: _____

Quotation number: _____

Card holder's name: _____

Card holder's billing address: _____

Credit card type: (Visa , MC, AMEX, etc) _____

CC# _____

Expiration date _____

Verification number: _____(Four digits behind your credit card)

Signature (as it appears on the CC)

Please scan this document and send it to sales@latin-tech.net or send it to
our fax central 1-775-637-6825 USA

Please fax this form to: 775 637 6825