

S.P.I.CO.,LTD

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DATE	1	/	
	yy / mm / dd		

## CREDIT CARD PAYMENT FORM

I agree with the payment of S.P.I.Co.,Ltd. with my credit card.

NAME			
		*must be same with *please PRINT	card holder
ADDRESS			
		*must be same with	card holder
PHONE			
TOTAL AMOUNT (JPY)_			
CREDIT CARD	VISA		DC
CARD NUMBER			
EXPIRATION DATE	/ month / year		

AUTHORIZED SIGNATURE

DATE (yy/mm/dd)

## PLEASE FAX THIS FORM TO +81-50-3737-2746