



T-F14-904.

CREDIT CARD PAYMENT FAX FORM.

TO: TECHBTC
2855 NW 112 AVE, #2
MIAMI, FLORIDA, 33172.
PHONE: +1 (305) 974 3972.
FAX: +1 (305) 974 3972.

CUSTOMER INFORMATION.

Name: _____ Company Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Country: _____

Tel: _____ Fax: _____

Email: _____ Web: _____

Please refer an email to receive the receipt from the merchant.

CREDIT CARD INFORMATION.

I, _____ hereby, authorize Bridge Trading USA, LLC to charge my credit card account according to each time I receive the invoice.

Card Type: VISA MasterCard American Express.

Credit Card Number: _____

Card Holder Name: _____

Expiration Date: _____



CVV2 or CVC2 or CID CODE: _____



Card Holder Signature: _____

**ALL THE INFORMATION ENTERED ON THIS FORM WILL BE KEPT STRICTLY
CONFIDENTIAL BY BRIDGE TRADING USA, LLC.**



VISA, (CVV2), Master Card (CVC2) : There digits to the right of the credit card number in the signature area on the back of the card.

American Express, (CID) Four digits printed (not embossed) on the right front of the card above the credit card number.

IMPORTANT NOTICE: CC Payments has a 2% Merchant Fee.