



TOHO SHOJI (NEW YORK) INC.
990 SIXTH AVENUE
NEW YORK, N.Y. 10018

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WEB SITE: www.tohoshojiny.com

CREDIT CARD INFORMATION FORM

Company / Individual Information

Company Name: _____

Contact Name: _____

Address: _____

Phone #: _____ **Fax #:** _____

Email Address: _____

Tax ID #: _____ (Please attach the copy of certificate)

Credit Card Information

I verified my invoice and agreed to your terms and conditions written on the invoice.

I am responsible to pay the charge has been made by TOHO SHOJI (NEW YORK), INC.

Type of Credit Card : VISA / MASTER / AMEX / DISCOVER

Credit Card Number: _____

CID Number: _____ **Expiration Date:** _____

(3 digit # on the back of Visa and Master / 4 digit # on the front of Amex)

Billing Address of Credit Card: _____

(if different from the above address)

Cardholder's Name: _____

(please print)

Signature: _____ **Date:** _____

Shipping Information:

Shipping Address: _____

(if different from
the above address)

Please ship collect using my own account number.

UPS / FedEx Account Number _____