Fax to (613) 746-6653

2002 Photonics Lite Series
Payment Information Form

Date:_____

Contact Name : _____

Postion : _____

Company: _____

Address :

_____

City :_____Province : _____Postal Code : _____

Phone : _____Ext. _____

E-mail : _____

Purchase Order Number:_____

Method of Payment:

¢ Cheque (*To follow -- made payable to Vitesse Re-Skilling Canada Inc.*)

Mail cheque to
Vitesse Re-Skilling Canada Inc.
1200 Montreal Road, Bldg.
M-50, Ottawa, Ontario K1A 0R6
Tel: (613) 746-3595

¢ Credit Card

¢ Visa ¢ MasterCard ¢ Amex

Name Card Holder: _____

Credit Card Number: __ __ __ __/__ __ __ __/__ __ __ __/__ __ __ __/

Expiry Date: Month__ __Year__ __