SQM 2004 Payment Authorisation Form

Your Details	
Name	
Institution	
Email	
Phone	

Credit Card Information		
Card Holder Name		
Card Type	Mastercard	Visa
Card Number		
Exp. Date (MM/YY)		
Card ID(CVV2)[1]		

Billing Information
First Name
Last Name
Address
City
State
Country
Zip/Postal Code
Phone

I hereby authorise the SQM Organizers 2004 to debit to my credit card with the amount of

_____

Signature:_____ Date :_____
(DD/MM/YYYY)

Please FAX to: +27 21 650 3343

1On the back of the credit card, in the signature area, is your credit card number followed by the 3 digit CARD ID NUMBER