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INTERNATIONAL SOCIETY FOR COMPUTATIONAL BIOLOGY

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Credit Card Authorization

Please provide all of the requested information below and fax this completed form to the number below.

PAYMENT FOR: \_\_\_\_\_

INVOICE # (if applicable): \_\_\_\_\_

Circle card type: Visa MasterCard American Express

Amount to be charged \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Credit Card Security Number\* \_\_\_\_\_

*\*for Amex this is the 4 digit code on front of card, for all others it is the 3 digit code on the back of the card following the full card number, generally imbedded into the signature line)*

Name on Card \_\_\_\_\_

Exact billing address as it appears on the billing statement (including country:

\_\_\_\_\_  
\_\_\_\_\_

Signature of cardholder

\_\_\_\_\_

Telephone number of cardholder \_\_\_\_\_

Email address \_\_\_\_\_

Today's Date \_\_\_\_\_

**Fax to:**  
**ISCB Accounts Payable**  
**+1-619-374-2890**

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www.iscb.org ♦ tel: +1-858-822-0852 ♦ fax: +1-619-374-2890