

CREDIT CARD - ORDER FORM



FROM

NAME

ADDRESS

.....

.....

.....

.....

.....

.....

CONTACT

TELEPHONE

FAX

E-MAIL

VAT number IF IN THE EU

Name of Card Holder

No.

Expiry Date: ^m^m^y^y Start Date: ^m^m^y^y Switch / Solo Issue No.:

Amount: UK £ Card type: Visa,
Master Card or other

Payment details: Seeds from *Brachypodium distachyon* T-DNA insertion line(s)

Accounts Department use only.	O.K.
Call taken by:	Rejected:
Processed by:	Copy to Dept.:
Date:	Nominal: