



The WiderNet Project

Credit Card Authorization Form

Please note that we accept MasterCard and Visa only.

NAME ON CARD:	
BILLING ADDRESS:	
CARD NUMBER:	
EXPIRATION DATE:	
AMOUNT:	
DATE OF TRANSACTION:	
TRANSACTION DESCRIPTION:	
CARD HOLDER SIGNATURE	

To be filled in by WiderNet Project:

FUND	ORG	DEPT	SDEPT	G/P	IACT	OACT	DPAC	FUNC	CCTR

Please fax this form to The WiderNet Project at 319-335-5374 or mail it to the address below.

The WiderNet Project
 C/O Casse Jensen
 201 Communications Center
 The University of Iowa
 Iowa City, IA 52242 USA
 Phone: 319-335-2200

Thank you for your purchase!