

# Credit Card Authorization Form

I hereby authorize National Synchrotron Radiation Research Center to charge the amount of the guest house payment shown below to my credit card.

<b>Cardholder Name</b>						
<b>ID/Passport No.</b>			<b>FAX No.</b>	(    )		
<b>TEL No.</b>	( O ) _____		( H ) _____			
<b>Issued Bank</b>			<b>Card Type</b>	<b>VISA</b>	<b>Master</b>	<b>JCB</b>
<b>Expired Date</b>	<b>Year</b>	<b>Month</b>		<b>AMEX</b>	<b>U Card</b>	
<b>Credit Card No.</b>	-		-		-	
<b>Authorized Amount</b>	NT :				Dollar(s) Only	
<b>Signature</b>	( Same as the signature on credit card )					
<p><b>Once charged, cardholder agrees to pay the above credit card charge to the issuing bank according to the Card Issuer Agreement.</b></p>						
<p><b>The following section is to be filled out by NSRRC personnel, thank you!</b></p>						
<b>Date</b>	<b>Item</b>	<b>Unit Price</b>	<b>Quantity</b>	<b>Subtotal</b>	<b>Remark</b>	
<b>Credit Card Auth. Code</b>			<b>Total</b>			
<b>Remark</b>						

**\*\*\* Invoice information \*\*\***

(Please specify if the invoice of organization title is needed, completion not required for individual)

Organization title: \_\_\_\_\_

Organization address: \_\_\_\_\_

Postal address: \_\_\_\_\_

**Please complete this form and return it via fax ! FAX: +886-3-5783803**