

**INTERNATIONAL**

# Dentistry

AFRICAN EDITION

## **SUBSCRIPTION**

### ***Credit Card Authorization***

**CREDIT CARD:**      *MASTERCARD*     

*VISA*     

NAME ON CREDIT CARD: \_\_\_\_\_

CREDIT CARD NUMBER:     

EXPIRY DATE: \_\_\_\_\_

CVC NO. (LAST 3 DIGITS ON BACK OF CARD):     

AUTHORISED SIGNATURE: \_\_\_\_\_

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AMOUNT: \_\_\_\_\_