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--*-*-*-*-*-*< VISA Credit Card Authorization Form >*-*-*-*-*-*-**

Please fill out the form below and fax to CBI (FAX: +81-3-5491-5462)

*Cardholder name: _____

*Name in Kanji: _____

* Billing Address: _____

* Tel: _____

* E-mail: _____

* MSR Paper Charge: JPY 15,000

* Card number: _____ * Exp.Date: _____

* Signature: _____ * Date: _____

<CBI Molecular Structure Report (MSR) >

Chem-Bio Informatics Society(CBI)

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