

IODP-USIO Credit Card Use Authorization

Please provide the following information. This information will only be used for the purchase of program publications and will not be distributed to other organizations.

Credit card type: MasterCard ___ Visa ___ American Express ___

Credit card number: _____

Credit card expiration date: _____ (mm/yy)

Name *exactly* as it appears on the card: _____

Credit card billing address:

Signature: _____

The form may be

Mailed to:

Distribution Specialist
Integrated Ocean Drilling Program
1000 Discovery Drive
Texas A&M University
College Station, TX 77845-9547
USA

E-mailed to:

distribution@iodp.tamu.edu

*Please include a digital
signature if the form is
emailed.*

or Faxed to:

979-862-3527

IODP-USIO Publications Distribution telephone: 979-845-2016