



# ORDER FORM

Date of Order:	
Name:	
Country:	
Mailing Address:	
Mobile No:	
Telephone No:	
Email Address:	

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Item	Description	Qty	Unit Price	Amount
1	IIW 2009 Photos in DVD for 3 social events		S\$60.00	
			<b>Total</b>	

**Mode of Payment: Credit Card or Demand Draft make payable to "Singapore Welding Society"**

Mailing address: No 3 Science Park Drive, Singapore Science Park 1. The Franklin #02-12/25 Suite 20 Singapore 118223



(ROS Registration Number 0268/1976)  
No 3 Science Park Drive, The Franklin #02-12/25 Suite 20 Singapore 118223  
Telephone. +65 6779 7706 Facsimile. +65 6464 0186 Email. [secretariat@sws.org.sg](mailto:secretariat@sws.org.sg)

## CREDIT CARD VERIFICATION FORM

This credit card verification form is to protect you, the cardholder, from fraudulent transactions. Singapore Welding Society shall keep all information on this form in strict confidentiality.

### 1. CREDIT CARD HOLDER DETAIL

<b>Name on Credit Card</b>	
<b>Credit Card</b>	
<b>Credit Card Expiry Date</b>	
<b>Card Verification Number (CVV)</b> - three-digit number on the back of your visa/master credit card	
<b>Contact Number</b>	
<b>Email Address</b>	

### 2. CREDIT CARD HOLDER'S ACCEPTANCE & APPROVAL

I, \_\_\_\_\_ hereby confirm my recent purchase and authorize Singapore Welding Society to debit my above-mentioned credit card for all fees for the services that I had purchased from Singapore Welding Society for (item description) \_\_\_\_\_

I understand and agree that should I dispute the above credit charge through my credit card issuer or credit provider, it will constitute a breach of contract as well as credit card fraud. I have included **signed photocopies of front and back of credit card and valid identification** as requested. I understand that this information will be used for the purpose of verification for the credit card.

By signing below and submitting for payment, I acknowledge acceptance of the Terms of Service. I also agree to waive any charge-back rights in the event of a dispute.

\_\_\_\_\_  
Credit Card Holder Signature

\_\_\_\_\_  
Credit Card Holder Name

\_\_\_\_\_  
Date

Once you have completed and signed the form, please fax it to Singapore Welding Society, Attention to: Account Department at +65 64640186 or you can scan and email to [secretariat@sws.org.sg](mailto:secretariat@sws.org.sg)