



**LINGUISTIC DATA CONSORTIUM**

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**VISA/MasterCard Information Form**

Organization Name \_\_\_\_\_

Shipping Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Requested Corpora/Memberships

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\_\_\_\_\_  
\_\_\_\_\_

**Credit Card Details**

VISA or MasterCard (circle one)

Account Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_

Name on Card \_\_\_\_\_

Please fax completed form to +1 215 573 2175 to the attention of Ilya Ahtaridis.