



SCHWEIZERISCHES GEMMOLOGISCHES INSTITUT  
SWISS GEMMOLOGICAL INSTITUTE  
INSTITUT SUISSE DE GEMMOLOGIE

COMPANY NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE / FAX / EMAIL \_\_\_\_\_

**PLEASE CHARGE CHF \_\_\_\_\_ TO MY CREDIT CARD BEING THE AMOUNT**

**OF INVOICE NO: \_\_\_\_\_**

CARD HOLDER: \_\_\_\_\_

CARD NO: \_\_\_\_\_

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

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

**SIGNATURE: \_\_\_\_\_**