1640-B East 2nd St., Ste. 200 Austin, TX 78702
(512) 480-8522 fax (512) 480-8866
isa@studiesabroad.com www.studiesabroad.com

CREDIT CARD AUTHORIZATION

I, _____, authorize ISA to charge the credit card below in the amount of $ _____ for the following item (s):

-
-
-

for the following student_____, who is participating in the

_____ ISA program in _____.
Program Term (ie. Fall, Summer, etc...) Program City

_____ _____ _____
Credit card type (Visa, MC, Disc only, *no AMEX*) Credit card number Expiration date

_____ _____ _____
Cardholder's name (*please print)* Cardholder signature Date

BILLING ADDRESS (*for Credit Card Account*):

_____
Street address

_____
City, State, Zip

_____
Daytime phone number

CURRENT MAILING ADDRESS:

_____
Street address

_____
City, State, Zip

_____
Home phone number

Please note that credit cards may be used for up to one-third of the program price, but not to exceed $4,500.00.