

WISE TRAINING PLACEMENT SERVICES CREDIT CARD AUTHORIZATION DEBIT	
PARTICIPANT'S NAME:	
CREDIT CARD TYPE:	Please Circle: Master Card VISA
CREDIT CARD NUMBER:	
EXPIRATION DATE:	
CARD HOLDER NAME: CARD HOLDER ADDRESS:	
WISE FEES:	
PROCESSING FEE:	\$50.00
TOTAL AMOUNT CHARGED:	
CURRENCY:	US Dollars

I, _____ hereby authorize WISE Student Travel Services to charge the above amount to my credit card.

WISE STUDENT TRAVEL SERVICE (TO BE COMPLETED BY WISE - USA)			
APPROVED: (___)YES (___)NO		BY:	
AUTHORIZATION #:		DATE:	
Reference #:			
Students ADB #	Program Amt	Ins Amt / No. Mo	Auto Amount
SEVIS Amt	Agent Amt	Invoiced Agent:	Invoice number: