

WISE training placement services

CREDIT CARD AUTHORIZATION DEBIT

Participants's name:

Credit card type: MASTERCARD VISA (WISE ACCEPTS ONLY MASTERCARD OR VISA)

Credit card number: Expiration date:

Bank issuer: MONTH YEAR

Card holder name:

Card holder email:

WISE fees: \$

Processing fee: \$ 55

Total amount charged: \$

Currency: US Dollars

I, _____, hereby authorize
(TO BE SIGNED BY THE CREDIT CARD HOLDER)

WISE Student Travel Services to charge the above amount to my credit card.

SIGNATURE

DATE

WISE STUDENT TRAVEL SERVICE

To be completed by WISE - USA.

Approved: YES NO By: Authorization #:

Ref #: Date:

STUDENTS ADB #	PROGRAM AMT	INS AMT / NO. MO	AUTO AMOUNT
SEVIS AMT	AGENT AMT	INVOICED AGENT	INVOICE #