

	WISE TRAI CREDIT C		ACEMENT S HORIZATIO		
PARTICIPANT'S NAME:					
CREDIT CARD TYPE:	Please Circle: Mastercard VISA				
CREDIT CARD NUMBER:					
EXPIRATION DATE:					
CARD HOLDER NAME: CARD HOLDER ADDRES	S:				
WISE FEES:					
PROCESSING FEE:	\$55.00				
TOTAL AMOUNT CHARC					
CURRENCY:	US Dollars				
I hereby authorize WISE Student Travel Services to charge the above amount to my credit card. Signature: Date:					

			TRAVEL SEI ED BY WISE		
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: