



INTERNATIONAL STUDIES ABROAD, INC.
CREDIT CARD AUTHORIZATION

STUDENT NAME _____

PROGRAM CITY _____

(e.g. Sevilla)

PROGRAM SESSION _____

(e.g. Fall 3 2007)

I authorize ISA to charge the credit card below in the amount of \$ _____ +3% Convenience Fee

for the following item(s): _____

Printed Name of Cardholder

Signature of Cardholder

Date

CREDIT CARD TYPE _____

(Visa, MC, Disc ONLY; NO AmEx)

CREDIT CARD NUMBER _____

CREDIT CARD EXPIRATION _____

(MM/YY)

BILLING ADDRESS _____

(Street, City, State, Zip)

DAYTIME PHONE _____

HOME PHONE _____

Credit cards may be used for any portion of the program price. Please note that there is a convenience fee of 3% for credit card charges, which will be applied to the total amount charged.

RETURN BY MAIL: ISA, 1640-B East 2nd St., Ste. 200, Austin, TX, 78702

RETURN BY FAX: 512-480-8866