INTERNATIONAL STUDENT TOURS
GRADWEEK

CREDIT CARD AUTHORIZATION FORM

(Please print legibly and ALL fields MUST be completed): Once completed please email to: info@istours.com

TRAVELER'S INFORMATION

FIRST NAME:	LAST NAME:	TRAVELER ID:
Group Name:	**Traveler Cell No:**	**Parent Cell No:**

CARDHOLDER INFORMATION

CARDHOLDERS NAME:	CARDHOLDERS CELL NO:	CARDHOLDERS EMAIL:

Mailing Address:	City:	State:	Zip:

FORM OF PAYMENT: Disc ☐ Visa ☐ MC ☐ Amex ☐

Cardholder Name:	$ Amount Authorized:	Date:	
Credit Card Number: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐	**Exp Date:**	**CVC#:**	**C/C Billing ZIP:**

*** CARDHOLDERS SIGNATURE ***

AGREEMENT

The cardholder agrees, by their signature above that GradWeek is authorized to charge the amount indicated to the cardholders credit card identified above. There will be a $10 service charge added to the travelers account for each declined transaction. The cardholder waives all right to charge back on the indicated credit card.