

TEXAS INTERNATIONAL EDUCATION CONSORTIUM
Credit Card Charge Authorization Form
for Exchange Visitor Services

1. Exchange visitor's name: _____

2. Exchange visitor's university: _____

3. Invoice number: _____

4. Credit card: ___ VISA ___ MasterCard ___ Discover ___ American Express

5. Print the name of the cardholder as shown on the front of the card.

Name of cardholder: _____

6. Billing address: _____
Number & Street Apartment Number

City State

Country Postal Code

7. Card number: _____

8. Expiration date: _____

9. Card Security Code: _____ (required)

10. Indicate the fee(s) you want to pay and write the total amount on the Total Fees line.

_____ \$295.00 TIEC Exchange Visitor Processing Fee

_____ \$60.00 Express Mail Shipping and Handling Fee

_____ Other: _____

_____ **Total Fees**

11. Read, sign, and date:

- I understand that all fees are non-refundable and non-transferable.
- I understand that the \$295 TIEC Exchange Visitor Processing Fee is required for new Exchange Visitors and is valid for 12 months.
- I understand that TIEC cannot process payment if the information requested in 1-10 above is incomplete.
- I authorize the use of my bank card for payment of the fee(s) in the amount noted above to the Texas International Education Consortium (TIEC).

Signature of cardholder: _____ Date: _____

12. **FAX to (512) 322-0592** or **MAIL to: Texas International Education Consortium**
Attn: Accounts Receivable
1103 W. 24th St.
Austin, TX 78705
U. S. A.