

Charge Card Form For Club Exchange

Exchange Name:	Exchange Number:
Departure Date:	
Name of Ambassador(s):	
Name of Card Holder:	
Street Address:	
City:	State:
Country:	Postal Code:
Phone Number:	
Authorized Signature:	Date:
Type of Credit Card: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Authorized Signature:	Date:
Credit Card Number:	Expiration Date:
Security Code (three digits):	Amount to Be Charged:

Please consult your Program Coordinator for cancellation and refund policy

FOR FFI OFFICE USE ONLY

Submitted To Financial Services

Date: _____ PC: _____

Authorization Number: _____ Date Approved: _____

Comments _____

Prepared By: _____

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