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: ________________________________________________


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.