



I N T E R N A T I O N A L S T U D E N T E X C H A N G E O F C A N A D A

**CREDIT CARD AUTHORIZATION FORM**

Please fax back to (416) 920-4436

Trip & Date \_\_\_\_\_

Name \_\_\_\_\_

Tel Number \_\_\_\_\_

Email Address \_\_\_\_\_

**I authorize a charge against my credit card in the following amount:**  
 ( please add \$3 service charge for any trips that are more than \$100 )

Amount (including service charge)                      CDN\$ \_\_\_\_\_

\*\*Name on Card: \_\_\_\_\_

**CREDIT CARD NUMBER** \_\_\_\_\_

**SECURITY CODE ( LAST 3 DIGITS ON BACK OF CARD )** \_\_\_\_\_

**EXPIRATION DATE**                      **MONTH** \_\_\_\_\_                      **YEAR** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_                      **DATE** \_\_\_\_\_

**ISX REFUND POLICY**

- \* Cancellations with 21 days notice will be fully refunded less a \$30.00 administration fee.
- \* Cancellations within 21 days of departure will be provided a 50% credit for use on any other trip /activity offered by the company.
- \* Cancellations due to illness /medical conditions require signed & confirmed medical notice for refund.

**I have read and understand the ISX Refund Policy:**

**Name:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



**FOR OFFICIAL USE ONLY**

Approval Code: \_\_\_\_\_                      ISX Ticket # \_\_\_\_\_

Processed by: \_\_\_\_\_                      Comments: \_\_\_\_\_