

InterExchange | Camp USA Credit Card Form



To make a credit card payment, please fill out the form below in neat and legible handwriting and fax it back to us at 212-924-0575. Please do NOT send copies of your credit card.

In order to be sure that InterExchange Camp USA knows which participants you are paying for, list all names and associated fees below (feel free to use a separate piece of paper if one is necessary). Please provide a breakdown of the total amount you are paying for each participant so we know how much should go towards each person. If you have any questions about which fees you need to pay, contact us by email at CampUSA@InterExchange.org or by phone at 1-800-597-1722.

CAMP NAME:

PARTICIPANT'S NAME	PROGRAM FEE	INSURANCE	SEVIS	SHIPPING	OTHER	TOTAL PAID
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

CREDIT CARD INFORMATION: Please complete this portion to process your Visa, MasterCard, or American Express payment.

I/We specifically authorize InterExchange to charge \$_____ for the Camp USA program to my/our
 Visa MasterCard American Express

Name as it appears on the card:

Card Number: _____ Expiration Date: _____ / _____

Billing Address: _____

Required Signature(s): _____ Date: _____
