



CHARGE CARD FORM

PROGRAM COORDINATOR: _____

EXCHANGE NUMBER: _____

EXCHANGE NAME: _____

EXCHANGE DEPARTURE DATE: _____

NAME OF AMBASSADOR(S): _____

NAME OF CARD HOLDER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE: _____

TYPE OF CREDIT CARD: VISA _____ MASTERCARD _____ *(American Express, Discover, Debit Cards not accepted)*

CREDIT CARD NUMBER: _____

CREDIT CARD EXPIRATION DATE: _____

THIS IS (CIRCLE ONE): DEPOSIT PAYMENT AMOUNT OF DEPOSIT PAYMENT _____

FINAL PAYMENT AMOUNT OF FINAL PAYMENT _____

IF THIS IS A DEPOSIT, DO YOU AUTHORIZE THE FRIENDSHIP FORCE TO AUTOMATICALLY CHARGE THE BALANCE DUE TO THIS CREDIT CARD 65 DAYS PRIOR TO YOUR DEPARTURE? YES ___ NO ___

Any request for cancellation of this agreement must be made in writing to the local Exchange Committee and forwarded to Friendship Force International. Ambassadors who cancel 91 days or more prior to departure will be refunded the full Program Fee except for the \$25 non-refundable application fee paid to the local committee. Ambassadors who cancel between 90 and 66 days prior to departure will be refunded the full Program Fee except for the US\$25 non-refundable application fee paid to the local committee and any applicable airline cancellation penalties if a replacement Ambassador cannot be found. Ambassadors who cancel less than 65 days prior to departure will be refunded the Program Fee, less the following: the \$25 non-refundable application fee paid to the local committee; a \$50 hosting fee per week of hosting where applicable; any applicable airline or other such cancellation fees levied by travel suppliers and a \$50 cancellation fee. For Ambassadors who cancel less than 31 days prior to departure, the cancellation fee will be increased to \$100. In case of cancellation due to illness or death of an Ambassador or an immediate family member, Friendship Force International may require a medical doctor's certificate and airline ticket to process the refund.

AUTHORIZED SIGNATURE: _____ DATE: _____

FOR FFI OFFICE USE ONLY

METHOD OF ORDER: PHONE _____ MAIL _____ FAX _____

AUTHORIZATION NUMBER (deposit): _____ DATE APPROVED: _____

AUTHORIZATION NUMBER (balance): _____ DATE APPROVED: _____

DECLINED: _____ DATE DECLINED: _____

DECLINED: _____ DATE DECLINED: _____

CREDIT

DATE: _____ APPROVED BY: _____

AMOUNT OF CREDIT _____

REASON FOR CREDIT: CANCELLATION: _____ OVERPAYMENT: _____ OTHER: _____

AUTHORIZATION NUMBER: _____ DATE CREDIT PROCESSED : _____