



International Volunteer Travel

VOLUNTEER ADVENTURE INTERNSHIP STUDY ABROAD

1860 Barnett Shaols Rd, PMB 490. Athens, Ga, 30605. USA. Fax: 1+701 838 8560. Tel 1 888 528 5666

Offline Payment Form

First Name _____	Applicant's Street Address: _____
Second Name _____	Street Address _____
Age: _____	City _____
Phone Number (home) _____	State/Province _____
Phone Number (other) _____	Country _____
Email address 1: _____	ZIP/Postal Code _____

2.1 Date Application was sent _____mm/dd/yyyy

2.2 Means Application was sent (circle one) : Online Offline with this form Offline with a separate form

Terms and Conditions of Service

By signing this form, I acknowledge that I have read and I fully understand the terms and conditions of service for the International Volunteer Travel programs I am applying for (available online at <http://www.internationalvolunteertravel.com/terms-of-service.php>). I agree to be bound by these terms and conditions and guarantee that I will abide with the same.

Signature: _____ Date: / /20__

Payment information

I would like to make payment using (check One)

- 1. Check/Money order** - fax the original of this form with application and mail a copy with the check/money order (see mailing address above). **Payable in USD through a US bank.**
- 2. Credit/Debit Card** (ii) we accept Visa/Mastercard/American Express/Discover with a credit card company fee of 2.5% of the payment. You can get the final amount due if by multiplying the original fee by 1.025, e.g., if the fee is \$349.00 you will need to submit \$357.73 (349 by 1.025).

Amount you want to pay (in US Dollars) _____ by Credit Card or Debit Card (**circle one**)

Card type (please check): (1) Visa (2) MasterCard (3) Discover (4) American Express

You can fill in the debit/credit card information below, leave it blank and call to give us the information, or pay online at <http://internationalvolunteertravel.com/pay-online.php>

Card number: _____

Card Expiry date: _____ (mm/yyyy, e.g., 02/2012 for February 2012)

CVS number (last 3 digit number in the back of credit card) _____

Card holder first name: _____

Card holder second name: _____

Full Credit/Debit Card Billing Address (where statement is normally sent):

Signature: _____ Date: / /20____

Official use only	
Name: _____	Nationality: _____
Programs Applied for: _____	Starting Date: _____ Ending Date _____
Name of Project: _____	Country of Project: _____
Status: _____	

Fax this form to: 1+ 701 838 8560 or Mail it to 1940 S Broadway #316, Minot, ND, 58701. Make sure to call or email to notify us