



**International Housing Placement, Inc**

[www.IHPSHomestays.com](http://www.IHPSHomestays.com)

2500 East Foothill Blvd., Suite 205 Pasadena, CA 91107

Tel: 626-798-0209 Fax: 626-602-3913

**IHPS Credit Card Authorization Form**

For Participants who wish to pay for their housing by credit card there is a 3.4% processing fee.

I \_\_\_\_\_ hereby authorize International

Cardholder's Name

Housing Placement, Inc (IHPS Homestays) to charge my credit card account for the following fees and the 3.4% processing fee:



\$325 application fee

\$100 Deposit

\$100 Airport Pick Up

\$50 late fee (applicable if applying less than 14 days prior to arrival)

**Housing Fees**

Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm day year

Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm day year

Please bill this card every 4 weeks for weekly housing fees

Please bill this card every 12 weeks for my weekly housing fees



Visa


MasterCard

Discover

American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ (mm/year)

Card Security Code: \_\_\_\_\_  (Last 3 digits on the back of the card. AMEX users, the security code is 4 digits and listed on the front of the card)

**Credit Card Billing Address:**

Country: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prefecture: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Participant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Invoice #