

Kentucky Institute for International Studies
Credit Card Information for Payment
(MasterCard, VISA or Discover only)



Student's Name _____

Student's Social Security Number _____

KIIS Program _____

Cardholder's Name (as it appears on card) _____

Cardholder's Address _____

Cardholder's Telephone (h) _____ (o) _____

Credit Card Number _____

Expiration Date _____ Amount to be charged \$ _____

Cardholder's Signature _____

MasterCard

VISA

Discover

Please charge my

\$150 application fee

\$100 late fee (if applicable)

\$1000 first payment due March 15, 2004

program balance due April 15, 2004

Mail to:

KIIS

Murray State University

PO Box 9

Murray, KY 42071-0009

or fax to:

270-762-3434