## **CREDIT CARD AUTHORIZATION FORM**

NAME AS IT APPEARS ON THE CREDIT CARD:

| PASSPORT NUMBER NATIONALITY                         |
|---|
| TYPE OF CREDIT CARD: □ VISA □ MASTER CARD □ AMEX    |
| CREDIT CARD NUMBER                                  |
|   |
| EXPIRATION DATE:                                    |
| SECURITY CODE:                                      |
| BILLING ADDRESS REGISTERED FOR THE CREDIT CARD:     |
|   |
| (First and Last Name)                               |
| (Thist and East Ivanie)                             |
|   |
| (Street Address)                                    |
|   |
| (City, State, Zip Code)                             |
| I HEREBY AUTHORIZE THE ISRAEL SEMINAR TO CHARGE FOR |
| TRAVEL SERVICES THE AMOUNT OF:                      |
| EMAIL ADDRESS:                                      |
| SIGNATURE:  |

Please note that we add a 3.5% service charge for credit card transactions.