



27/9/10
The Israel Experience – Educational Tourism Services Ltd.
3 Ha' Askan Street
Jerusalem

Authorization to Charge a Credit Card

1. I, the undersigned: _____

Passport no. / Israeli I.D. no. _____

Address: _____

Tel. no. _____ Email address: _____

hereby confirm that I am the holder of a credit card:

(Place an X in the appropriate space) Visa _____

Isracard _____

American Express _____

MasterCard _____

Is this a company-owned credit card? Yes / No

Name of customer / company as it appears on the credit card: _____

Type of transaction: _____

Credit card no. _____ Valid until _____

Code (last 3 digits on the back of the credit card) _____ Amount _____

Add service charge: Visa 1.58%, MasterCard 1.7%, American Express 2.8%

Total _____

2. I hereby confirm that this form is an **authorization to charge my credit card**.
Once I have signed this form it will serve as payment for any and all sums of
money that you are entitled to for **services provided or any other**
transaction according to the information provided above.
3. The authorization provided by this form **to charge my credit card** is
irrevocable and unconditional.

Full name

Signature

Date

Please return this form to Fax: +97226216572 by email:

shoshanak@israelexperience.org.il