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### CREDIT CARD AUTHORIZATION FORM

CARDHOLDER'S NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

: \_\_\_\_\_

CITY, STATE, ZIP : \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ : PHONE NUMBER \_\_\_\_\_

CREDIT CARD TYPE :



CREDIT CARD NUMBER : \_\_\_\_\_

CARD EXPIRATION DATE : \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

AMOUNT: (specify if you wish to use the same credit card for remaining balance if applicable)

My deposit in the amount of \$ \_\_\_\_\_ US Dollars. Please charge on the date of: \_\_\_\_\_

My remaining balance due or full payment of \$ \_\_\_\_\_ US Dollars on this date: \_\_\_\_\_

*This form certifies that I am the above-referenced cardholder and that I authorize Jewish Travel Agency to charge my credit card for the following payments:*

All credit charges will be processed in the United States under the name E N M Travel

By signing below, I understand and acknowledge the charges in the amount listed above.

**Important!** Please include clear copy of credit card from both sides and driver's license or passport.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I am aware of any cancellation policies and agree not to dispute or attempt of Chargeback any of the above signed for and acknowledged charges.

**Fill and Print out this form and fax it back to us at 203-653-5586**