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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 email it to info@jewishtravelagency.com