

# credit card\*

\* watcha gonna pay with.

## CREDIT CARD PAYMENT FORM

Kindly complete and submit this form and fax to the number below.

I have read and understand all terms and conditions of Da'at Educational Expeditions as indicated in the proposal and/or on the website and agree to all of them.

Passenger Name(s) \_\_\_\_\_

Reservation # \_\_\_\_\_ Amount Agreed \_\_\_\_\_

Cardholder Name (Please Print) \_\_\_\_\_

Home Phone # \_\_\_\_\_

### CARDHOLDER BILLING ADDRESS

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

### CARD TYPE

Visa / MasterCard / American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Date \_\_\_\_\_ Cardholder Signature \_\_\_\_\_



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