



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 brochure 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 # _____ Ex. Date _____ Security Code _____

Date _____

Cardholder Signature _____

TOLL FREE FAX: 888-295-5609

19 Washington Street, P.O .Box 71047 Jerusalem, Israel 91710 | Toll Free Voice: 888-811-2812