



Credit Card Authorization Form

Please read carefully before signing:

- I hereby give full authorization to **GoIsraelINA LLC** to charge my credit card as identified below.
- I will not decline, reject or challenge the amount charged on my credit card for the purpose of paying for Land package and/or Air tickets for the travelers identified below.
- I declare that I am fully aware that some restrictions may apply to the AIR / LAND package purchased by this transaction and that these restrictions have been explain to me.
- No third party Credit Cards may be accepted (credit card holder must be a passenger).
- We only accept: Visa MasterCard (check one)

Kindly complete the information below:

Tour Name: _____ Tour Dates: _____

Passenger(s) Name/s: _____

Credit Card Number: _____ Expiration Date: ____ / ____

Issuing Bank: _____ Card Holder's Name: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number (Home): _____ (Mobile): _____

Authorized charge amount in USD \$ _____

Card Holder's Signature: _____ Date: _____

In order to process the payment we require:

- A photocopy of your credit card
- A copy of your photo ID (passport or driver's license)

Please **FAX** all to (201) 475-0298 or **SCAN** and **E-MAIL** to: BookNow@goisraelINA.com

Thank you for your business!