

## FAITH OVER FEAR TOUR DEPOSIT CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION FORM AND SIGN IT. **Please contact [regan@americaisraeltours.com](mailto:regan@americaisraeltours.com) with any questions about this form.**

**PLEASE LIST NAMES OF PASSENGERS FOR WHOM YOU ARE PAYING DEPOSIT** *(AS THEY APPEAR ON YOUR PASSPORTS):*

PASSENGER #1 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

PASSENGER #2 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

PASSENGER #3 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

PASSENGER #4 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

PASSENGER #5 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Cardholder Name *(AS IT APPEARS ON CREDIT CARD)*: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Type of Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_

CVV: *(3 digits on the back or 4 digits on the front of the credit card)*: \_\_\_\_\_



Customer Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Land tour Deposit amount per passenger: **\$750** (USD)

Number of passengers: \_\_\_\_\_

Total amount to be charged today (\$750 x no. of passengers): \$ \_\_\_\_\_ (USD)

**By signing below, I approve the charges to my credit card listed above as a deposit for the Faith Over Fear tour. I agree to all terms and conditions of booking a tour with America Israel Tours including but not limited to the cancellation policy and fees.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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The above requirements are for your protection as well as ours. Due to increasing credit card fraud we are required by credit companies to take this extra step to protect your credit as well as our liability.