



NOAH TOURS LTD. CREDIT CARD AUTHORIZATION FORM

I _____ Authorize _____ to charge my credit card
(FULL NAME) (COMPANY NAME)

American Express _____ Visa _____ Master Card _____

For the services rendered. Not to exceed the amount shown. REFERENCE _____

AMOUNT US\$ _____ US Dollar ATTACH RECEIPT HERE (Company use)

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # * _____

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

PASSPORT # _____

SIGNATURE

DATE

EMAIL TO: sales@noah tours.com

OR

FAX TO: +972-2-6339959

*The CV2 number consists of the rightmost three digits printed on the signature strip on the **reverse side** of Visa and MasterCard Credit Cards. Please leave this field blank if you are not paying with Visa or MasterCard.

DO NOT WRITE BELOW. COMPANY USE ONLY. NOTES:
