



HOLY LAND VOYAGER  
PASSIONATE ABOUT THE LAND OF THE BIBLE.

## 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 Holyland Voyager 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**

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