



CREDIT CARD PAYMENT

TODAY'S DATE: _____

CLIENT'S NAME: _____

I confirm that you may charge my credit card to the value of USD: _____

Amount in writing: _____

Services being paid for: Israel Puzzle Map 32 pieces
 60 pieces

Type of card:  

No. on card:

Expiry date of card: /

Card Verification No:
(final 3 digits on back of card for Visa, Mastercard)

Billing Address for this credit card: _____

CITY: _____

STATE: _____

ZIP: _____

Cardholder's Name: _____

(As it is on card)

E-mail Address: _____

Cardholder's Signature: _____

PLEASE CHECK FAX RECEIPT AT Ingrid@IsraelExperts.com