

CREDIT CARD HOLDER'S PAYMENT AUTHORIZATION FORM

(Please complete all the information in legible hand writing)

In lieu of my credit card imprint I, _____ hereby authorize
Name of cardholder as shown on credit card

Jerusalem Tours / CruiseXcel & Vacation Center to charge my credit card (circle card name)

VISA / MASTER CARD / AMERICAN EXPRESS / DISCOVER # _____
Credit Card number

Expiration date ____ / ____ in the amount of \$ _____ for payment of travel services
Month / Year Charge amount

to _____ including (please circle all applicable) Land tour / Hotel accommodation /
Travel destination

Airline ticket / Cruise / Car rental / Travel insurance.

Cardholder billing address: _____ / _____ / _____ / _____
Street address City State Zip

Home telephone # _____ Work telephone # _____

Note: Identification is required. Please attach a copy of the credit card (front & back) and card holder driver's license (front).

I am a client of Jerusalem Tours International / CruiseXcel & Vacation Center and I appoint the owners, managers and all employees to be my attorneys-in-fact for the purpose of signing all documents necessary to purchase and issue airline tickets and other travel documents. By signing below, I acknowledge charges described herein. Payment is to be made in full when billed or in extended payment in accordance with the standard policy of the credit card issuing company. I have read and understood all terms and conditions of Jerusalem Tours / CruiseXcel as indicated in the reservation form and on the invoice. I understand my liability to pay any cancellation fees and non-refundable service costs as they will be assessed. I will not submit these fees and costs as a charge back from the credit card company in case of a dispute. I agree to these terms and conditions and I was advised about the importance of purchasing travel insurance to protect my investment.

Cardholder signature _____ Date _____

This form must be submitted to Jerusalem Tours International / CruiseXcel & Vacation Center prior to issuance of any travel documents. Incomplete or false information might cause denial of any travel services.

PLEASE COMPLETE THE FORM AND MAIL BACK OR FAX BACK TO 614-501-6739 WITH A LEGIBLE PHOTOCOPY OF THE CREDIT CARD AND DRIVER'S LICENSE.