



Request to charge credit card

Amount: \_\_\_\_\_ nis

Amount in words: \_\_\_\_\_ nis

Name of student/diver: \_\_\_\_\_ Activity: \_\_\_\_\_

Card Type:  Visa  Isracard/MasterCard  American Express  Diners

Card number: ----

CVV (digits that appear on the back of the card):

Expiration date (month and year):  /

Number of payments:

Card holders Name (First and Last Name): \_\_\_\_\_

I.D/passport number \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_ Signature of card holder: \_\_\_\_\_

An invoice will be provided after confirmation of payment by the credit card company.