

**AACI 12 Night Cruise- Mediterranean & Adriatic Seas.  
October 22<sup>nd</sup> – November 3<sup>rd</sup>2019  
CONFIDENTIAL PAYMENT FORM**

NAME ON CREDIT CARD \_\_\_\_\_

TYPE OF CREDIT CARD (VISA, MASTERCARD, AMEX) \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

ISRAELI ( ) USD ( )

EXPIRATION DATE: \_\_\_\_\_

CVV: \_\_\_\_\_

ISRAELI ID NUMBER (*If using Israeli card*) \_\_\_\_\_

**FINAL PAYMENT WILL BE CHARGE TO YOUR CREDIT CARD AUTOMATICALLY WITHOUT PRIOR NOTICE.**

**Please note that any unused portions of the cruise/tour package will not be refund.**

Cancelation and Payment as per the registration form.

**ALL CANCELLATIONS MUST BE RECEIVED IN WRITING**

THAT SINGLES/TRIPLES OR QUADS SHARING a ROOM WITH a ROOMMATE agrees that if one should cancel, in addition to paying the cancellation fee, they must pay the difference in fee for their roommate/s if a replacement will not be find.

**I/We hereby agree to comply with all of the above regarding payment, cancellations, visa requirements and, if applicable, roommate stipulations.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please send to your local Ophir Tours Agent:**

JERUSALEM: 03-526-9424, [HENRIETTE H@OPHIRTOURS.CO.IL](mailto:H@OPHIRTOURS.CO.IL)  
RAANANA: 09-777-7100 , [MARCELLE K@CWT.CO.IL](mailto:MARCELLE_K@CWT.CO.IL) OR [LIA H@OPHIRTOURS.CO.IL](mailto:LIA_H@OPHIRTOURS.CO.IL)  
BEIT SHEMESH: 02-991-1474, [DAWN M@CWT.CO.IL](mailto:DAWN_M@CWT.CO.IL)

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