



ISRAEL
Consulate General To The
Pacific Northwest

2024 Payment Form

To pay by credit card, please fill in your full name and complete the following information.

Name of Applicant:

Applicant's Return Address: (PRINT & CAPITAL Letters Only. Please provide full address and zip code –we cannot send to a P.O. Box)

E-mail address: (PRINT & CAPITAL Letters Only)

Mobile Phone number:

Type of Payment (Please indicate in appropriate checkbox):

- Credit Card (Preferred Method) Cashier's Check (personal checks not accepted)

If paying by Credit Card (check type): (we accept all cards except American Express)

Name of Cardholder: (as it appears on card)

Credit Card #:

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Expiration Date: _____ * 3 Digit CVV2 Number _____

*Explanation of Credit Card CVV2 number: (To be entered below)

Visa and MasterCard: This number is printed on your MasterCard & Visa cards in the signature area of the card. (It is the last 3 digits AFTER the credit card number in the signature area of the card).

Total Charges (Service Fee Requested + Shipping) U.S. \$ _____

Please indicate:

- FedEx mail return (\$10) I provided a return envelope/FedEx return label

Optional: You may choose Signature verification service for an additional \$10 on top of the above prices

I hereby authorize a charge to my credit card for the total of all services requested, including any fee adjustments in effect as of the date the order is received.

Cardholder Signature (authorization for payment): _____