

LIMOBANK Inc.

1924 W. Montrose #197 Chicago, IL 60613
Phone: 1-888-546-6988 Fax: 1-877-636-9396
Email: info@limobank.com www.limobank.com



CREDIT CARD AUTHORIZATION FORM

Please provide your full name as it appears on the credit card:

NAME: PAZIT A PICK

PHONE: 202-364-5432

EMAIL: GRD-ATT2@ISRAELEMB.ORG

Please check-off the type of credit card:

() AMERICAN EXPRESS () VISA () DISCOVER MASTER CARD () Other

Credit Card #: 5567-0881-9504-1362 Exp. Date: 07/18

Credit Card Billing Address:

Street: 3514 International Dr NW

City: Washington State: DC

Zip Code: 20008 Country: (if not USA) _____

Please sign and date below if you are the card holder and if you authorize LIMOBANK Inc. to

charge your credit card:

X Pazit 5/4/2017
Cardholder Signature Date (month/day/year)

Please fax back completed form to fax # 1-877-636-9396 or email to info@limobank.com

Thank You for Traveling with LIMOBANK!