

ONE TIME AUTHORIZATION FORM

To,
 American Express Banking Corp.
 Cyber City, Tower C, Building No 8,
 Sec-25, DLF City Phase II,
 Gurgaon 122002.

I (Cardmember Name) Hereby authorize
 (Merchant Name) to charge my American
 Express Card an amount of Rs. _____ for the Services rendered.

3	7	6	9																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Number:

Card Expiry:

____/____
 M M / Y Y Y Y

Cardmember Name:

Billing Address:

City:

Pin Code:

Telephone: () _____

Mobile: _____

I understand that the Record of charges in respect of Services Received / Availed by me, submitted by Merchant Establishment as mentioned below to American Express Banking Corp. will neither bear my signatures nor the imprint of the Card and I therefore undertake to unconditionally honor and pay without any demur and contentions, the charges as and when I am billed for the same by American Express Banking Corp.

Thanking you,

Yours sincerely,

(Signature as it appears on the American Express Card)

Name: _____

To be filled by Merchant Establishment

Merchant Number

Merchant Name

Fax Number

Contact Number

Contact Person
