

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.

Card Number:

3	7	6	9																
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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
