



ONE TIME AUTHORIZATION FORM

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
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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 _____