

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
Destination India Travel Centre Pvt. Ltd. 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 **9822686051**

Merchant Name **Destination India Travel Centre Pvt. Ltd.**

Fax Number **+91 11 43750008**

Contact Number **+91 11 23712345**

Contact Person **Mr. Shafi**