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** | ■ | | | | | | | ■ | | | | | |

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**