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

**Fellowship Travel and Tours** (Merchant Name) to charge my American

Express Card an amount of Rs. for the Services rendered.

Card Number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Card Expiry:  **\_ \_ / \_ \_ \_ -**

Cardmember Name:

Billing Address:

Pin Code:

Telephone: Mobile:

I understand that the Record of charges in respect of Services Received I 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 982-263-7427

Merchant Name Fellowship Travel and Tours

Fax Number 01126641952

Contact Number 01126894909

Contact Person Vikram Singh Rathore