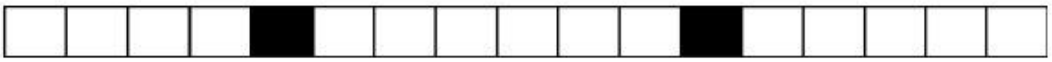
ONE TIME AUTHORIZATION FORM

To,
American Express Banking Corp.
Cyber City, Tower C, Building No 8,
Sec-25, DLF City Phase II,
Gurgaon 122002.

I …….…… (Card member Name) Hereby authorize

ASHOKA HOLIDAYS PVT. LTD. to charge my American Express Card an amount of INR ……..

for the Services rendered.

Card Number: 

Card Expiry: __ __ / __ __ __ __
M M Y Y Y Y

Card Member 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 Credit Card)

Name: _____

To be filled by the Merchant Establishment

Merchant Number	982 263 680 9
Merchant Name	ASHOKA HOLIDAYS PVT. LTD.
Fax Number	(+91) 141 2811180
Contact Number	(+91) 9829063051
Contact Person	KAMAL SARAWGI