

TO WHOMSOEVER IT MAY CONCERN

I, the undersigned Mr / Mrs / Miss / Dr. _____
authorize _____ to debit my
Credit Card No. _____ towards the
billing amounting to Rs. _____/- Indian Rupees
_____.

Mentioned below are my credit card details for the Online Transaction.

NAME OF THE CREDIT CARD HOLDER : _____

FULL ADDRESS : _____

CREDIT CARD NO.: _____

CVV NO.: _____ EXPIRY DATE : _____/_____(mm/yy)

TYPE OF CARD : _____

I am fully aware of the cancellation policy of the service provider and agree to the same, and have no objections in swapping the above mentioned amount for the arrangement of necessary services.

Card Holders Signature

Date : _____

**Kindly take a Photocopy your credit card (both sides) and attach the copy to this form.
lease print this form on your local printer & fax the filled form to +91 832 2227999.**