



Credit Card Authorisation Form



I hereby authorize _____ to debit my Credit Card Account, details of which are:

Visa Card / Master Card (kindly tick the appropriate card type)

Name of the Cardholder:

Credit Card No.:

Expiry Date: ____ / ____ (MM/YY) (Should be valid for at least 6 months)

Issued by:..... (Name of the issuing bank)

Complete Address:.....

.....

.....

.....

Contact No.....

I understand that all payments for services rendered/to be rendered are to be charged to my Credit card account and I undertake to unconditionally honor and pay the said charges as and when I am billed for the same by the aforementioned bank.

I agree to inform _____ in writing about the alternative payment option in the event that the above card is cancelled, substituted, or not renewed.

Signature of the Cardholder (as appearing on the Credit Card): _____

Place: _____

Date: _____

Encl: Photocopy of the front side of the credit card duly signed by me

Option to International Credit Cardholders

As a convenience to our international customers, we now offer you a choice to be billed in your card billing currency or Indian Rupees when you pay with a Visa or MasterCard payment card. Please indicate your choice of transaction currency by checking the box below and signing, to confirm your option.

_____ (Signature) I would like my bill to be transacted in my card billing currency

_____(Signature) I would like my bill to be transacted in Indian Rupees/billing to be in INR in case card billing currency is not supported for DCC

Your choice of transaction currency is final. The exchange rate for currency conversion will be determined on the order processing date. This service is offered by the merchant's service provider. No additional fee or commission is applied.