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
..... (Merchant Name) 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 9825634017

Merchant Name KASHMIR ORIENTAL CARPET ENTERPRISES

Fax Number +91-22-22183284

Contact Number +91-9819309474

Contact Person ROHIT SHARMA

12049