

# 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 Compass India Inc. to charge my American Express Card an amount of  
USD / GBP / EURO / INR \_\_\_\_\_ for the Services rendered.

Card Number 

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Card Expiry 

M	M			Y	Y	Y	Y
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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 Card)

Name: \_\_\_\_\_

### To be filled by Merchant Establishment

Merchant Number : 9822684403 (MID) / 01653432 (TID)  
Merchant Name : COMPASS INDIA INC.  
Fax Number : +91 11 4160 2114  
Contact Number : +91 11 4160 2115 to 18  
Contact Person : DURJAY SENGUPTA