SIGNATURE ON FILE AUTHORIZATION FORM

To, Prakriti Inbound Pvt Ltd 63 A Ber Sarai, New Delhi 110 016

I authorize your compa	any to charge my t	ransaction requested	by me to my Americ	can Express Card(s):	
Card Number:					
Card Member Name: _					
Office Address:					
Amount to be charged	(In Rupees)				
Amount in Words					
Telephone (Office):	ephone (Office): (Res.):				
Card Expiry Date:					
Name of Authorized Re	presentative				
(Any one person):					
Telephone (Office):		(Res.): _			
Identification Code:			(date of birth, p	assport no. etc)	
Goods / Service Reques	sted for Should Be	delivered at the follo	wing addresses:		
Address		Telepi	none Number		
1.					
2.					
I understand that the reco Hotel Stay /Airline ticket, utilized, to American Expr American Express Card, contestation, the said cha	c/ Tour Package / Tr ress bank ltd. Travel , and therefore, ur	ain Tickets/ Cruise or Related Services will ne ndertake to uncondition	any other travel relat ither bear my signature onally honor and pay	ed services have been e nor the imprint of my	
Thanking you,					
Yours sincerely,					
(Signature as it appear	rs on the American	Express Card)			
Name:					