

Eurostar International
A27/1, Road No.1
Mahipalpur Extn,
New Delhi 110037
India

I hereby authorize **EuroStar International** 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 **EuroStar International** 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