

Print the below letter on your LETTERHEAD. Fax this **ALONGWITH** a copy of the **Front and Back of your Credit Card** to **+91 (22) 6781 6610**. The authorization will be processed within 2 Business days.

I, hereby, *authorize* **QualiSpace** to *process a charge* on my Credit Card, whenever I request for funds to be added to my Account. I *certify* that I will use a **genuine Credit Card**, which **I am authorized to charge**. I enclose with this letter a **Photo Copy of Credit Card that I hold as a measure to certify my authenticity**.

**Card Details**

Type (VISA/Master Card)

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Name on Card:

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Card Number:

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Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ (Month / Year)

Signature on Card: \_\_\_\_\_

**Customer Details**

Customer Name:

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Customer Company Name:

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