



Date _____
DD MM YY

CREDIT CARD FAX FORM
(FAX No.: 91-22-2215 50 39)

To,
Yoginet India Pvt. Ltd.
1711, Centre 1, World Trade Centre,
Cuffe Parade, Mumbai - 400 005, India.

Ref: Credit Card Details for Yogi Shop Order No: IYS

Namaste indiayogi team,

Following are my Credit Card details for the above-mentioned order.

CREDIT CARD PAYMENT		
<input type="checkbox"/> Master Card	<input type="checkbox"/> VISA	<input type="checkbox"/> American Express
Issuing Bank _____		
Card No.	Expiry Date	Verif. No.
<i>(Last 3 digits on signature strip at back of card.)</i>		
<ul style="list-style-type: none">• If paying by Credit Card, please give your billing address along with the shipping address. Full amount (non-refundable) payable in advance.• Please note that the Credit Card transactions will appear on your Credit Card/Bank Statement as: ccavenue.com/CHARGE.		

BILLING DETAILS (where you receive your Credit Card Bills)	
Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____	First Name Surname
Address: <input type="checkbox"/> Home <input type="checkbox"/> Office _____	City _____
Pin Code _____ State _____	Country _____
Company Name _____	Designation _____
Tel: (Home) _____ (e.g. 001 2545856)	(Off.) _____
Mobile _____	E-mail _____

My Billing and Shipping address are the same.

SHIPPING DETAILS	
Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____	First Name Surname
Address: <input type="checkbox"/> Home <input type="checkbox"/> Office _____	City _____
Pin Code _____ State _____	Country _____
Company Name _____	Designation _____
Tel: (Home) _____ (e.g. 001 2545856)	(Off.) _____
Mobile _____	E-mail _____

Please process my Yogi Shop order, with the Credit Card details provided above.

Signature _____