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Credit Card Authorization Form

I, _____, hereby authorize SabkuchPakistani.com to Charge my Credit Card account in the amount not to exceed: \$_____.

() Visa () MasterCard () American Express () Discover

Credit Card Number: _____.

Expiration Date: ____/____ VID Code:_____.

Credit Card Billing Address:

Street: _____.

City: _____ State: _____.

Zip Code: _____-_____ Country (if non US) _____.

Telephone: () ____-_____.

Requested Shipping Address:

Street: _____.

City: _____ State: _____.

Zip Code: _____-_____ Country (if non US) _____.

Telephone: () ____-_____.

ID# (non-us billing address customer's): _____.

You completion of this authorizations from help us to protect you, our valued customers, from Credit Card Fraud. SabkuchPakistani will keep all information entered on this Form confidential.

Complete and Fax all documents required to: 1-800-525-2831.