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CREDIT CARD AUTHORIZATION

Directions: Please complete this form email to neha@usavisas.net

RE: Inv. #

6652

The undersigned hereby gives his/her authorization to charge \$ _____ to the credit indicated below:

Visa

Mastercard

Cardholder's Name (please print): SURENDER YELUGANDULA

Card Holder's Billing Address: 7904 ELLIS WYATT CT ELKRIPE MD 21075

Card Number: 486895127580 5338

Expiration Date: 10/24

3 digits Security Code: 778

Signature: Y. Surender

Date: 10/05/2020

Phone number: 443-251-8586