



NEPAL KAILASH
TREKKING Pvt. Ltd.

Naya Bazaar 16, Kathmandu, Nepal
P.O. Box No: 20213
Tel: +977 01 4365099
Email: info@nepalkailashtrekking.com
Website: <http://nepalkailashtrekking.com>

Credit Card Payment Form:

To

Alpine Card service Pvt. Ltd.
Kathmandu, Nepal,

Subject: Authorization for the payment by credit card.

Dear Sir/Madam,

I would like to pay USD ----- (In Words USD -----
-----) for the purchase of -----

To M/S Nepal Kailash Trekking Pvt. Ltd. MID No: 9100135235 by my VISA/MASTER CARD. The necessary details for this transaction are below:

Card holder Name:

Date of Birth:

Card No:

Card Expiry Date:

Amount in Figure:

Amount in Words:

Identification No (like passport no):

Address (Home or Office):

Kindly receive the copy of my credit card (both sides) and the copy of my identifications (passport) along this request letter.

Thank you for your kind co-operation.

Regards

Signature of the card holder