



Tourism License No. 1033 / 066

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Credit Card Payment Form

To
Alpine Card Service P/L
Kathmandu, Nepal

Date:-----

Dear Sir/Madam

RE: Authorization for the Payment by Credit Card

I would like to pay **USD/NPR** ----- for the purchase of -----

To M/S Nepal Hiking Team Pvt. Ltd. **MID No. 5004990** by my VISA/MASTERCARD. The necessary details for this transaction are below:

Card Number :
Card Expiry Date :
Amount in Figure :
Amount in Words :
Identification No. (P.P or I.D):
Card Holder's Date of Birth :
Address (Home/Office) :

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

Thank you for your kind co-operation.
Regards,

Signature of the Cardholder

Name of the Cardholder:

* **Note: Please verify amount:**

Note: Print, Fill With Details And Send Us Via Fax Or Email.