

Alps in Nepal Trekking (P) Ltd
G.P.O. Box 8975
E.P.C. 4284
Kathmandu, Nepal.
Tel: 977-1-4374908
Fax: 977-1-4379092

Dear Madam/Sir

RE : Authorization for the Payment by Credit Card

I would like to pay **USD/NPR** for the purchase ofto **ALPS In Nepal Trekking P. Ltd MID NO. 306224** by my **VISA / MASTER CARD**. The necessary details for this transaction are as 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: 3% of the total amount will be charged on credit card payment.**
Privacy: All information contained herein is used solely by Alps In Nepal for the purpose of charging on your credit card and will not be released under any circumstances.