

Date-
Alpine Travel Service
Credit Card Division
Durbar Marg
Kathmandu
NEPAL
Fax : 00 977 1 4250274

Dear Madam/Sir

RE : Authorisation for the Payment by Credit Card

I would like to pay **US\$**..... For the purchase ofto **M/S**
by my VISA/MASTERCARD. The necessary details for this transaction are as below:

Card Number :

Expiry Date :

Amount :

Identification No.:

Billing Address :

Enclosed here is 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