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\$
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