

Fax No: 977-1-4238049

Date:-

Alpine Card Service P/L
Kamaladi Complex Kamaladi
Kathmandu, Nepal

Dear Madam/Sir

RE: Authorization for the Payment by Credit Card

I would like to pay **USD/NPR**..... for the purchase of..... to **M/S Annapurna Foothills Treks MID NO 5004966** 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: Please verify amount**