



CREDIT CARD PAYMENT AUTHORISATION LETTER

Please print, fill completely, sign and fax at 977-1-4212738 or attached through mail skyline@enet.com.np along with the card holder's passport copy and credit card copy (both side) with clearly. Credit card service charge is 4.5 % extra.

Date:-

Alpine Travel Service
Credit Card Division
Durbar Marg
Kathmandu Nepal

Dear Sir/Madam,

Re: Authorization for the Payment by Credit Card

I would like to pay USD..... (In words USD.....).
For the purchase of..... to M/s Skyline Treks & Expedition (P.) Ltd.
by my Visa / Master Card. The necessary details for this transaction are as below.

Card Number:
Card Expiry Date:
Amount in Words:
Identification No. (P.P or ID):
Billing Address
Card holder's Date of Birth:
Address Home:
Address Office:

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.....
Nationality of the Cardholder.....
Passport number.....
Arrival date in Kathmandu.....
Address (Card holders').....
Telephone.....Fax.....
Email.....

Please will you confirm, when you receive this: - By email or by fax or by Tel. or by telex

Note: Please verify amount

