

Date:

Alpine Travel Service
Credit Card Division
Durbar Marg
Kathmandu
NEPAL
Fax :00977 1 4223814

Dear Madam/Sir

Re : Authorization for the Payment by Credit Card

I would like to pay US \$ for the purchase of to M/S Ama Travel P. Ltd. by my Visa/Master Card. The necessary details for this transaction are as below:

Card Number : _____

Amount in US\$: _____

Expire Date : _____

Identification No : _____

Billing Address : _____

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 : _____

Nationality : _____