

Credit Card Form

Fax No: 977-1-4222723

Date: _____

Alpine Card Service P/L
Durbar Marg
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 Green Valley Nepal Treks and Research P. Ltd, **MID No. 700274** by my VISA/MASTERCARD.

The necessary details for this transaction are 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**

Note: Print and fill this form and send us via fax or email.

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