

Credit Card Form

Fax No: 977-1-4441240

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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