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Credit Card Form

Fax No: +977-1-4701278

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 **Mountain Mart Treks and Expedition Pvt. Ltd**, MID No. 700613 by my VISA/MASTER CARD. The necessary details for this transaction are below :

- Card Number :
- Card Expiry Date :
- Amount in Figure :
- Amount in Words :
- Passport 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

Currency exchange gain/loss if any arise by the transaction shall be borne by the cardholder.

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

