

Govt. Regd. No.27922



CREDIT CARD PAYMENT AUTHORISATION LETTER

Please print, fill completely, sign and attached through mail info@skylinetreks.com or skylinetreks@gmail.com along with the card holder's passport copy and credit card copy (both side) with clearly. Credit card service charge is 4 % 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:

Enclosed here is the copy of my credit card (both sides) and the copy of my identification (passport) along with this request letter.

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

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

Note: Please verify amount operated under license and permit from Nepal Government. References upon request.