



Credit Card Form

Fax No: 977-1-4701304

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 Delights Treks & Expedition P.Ltd, **MID No. 306079** 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.

Mountain Delights Treks & Expedition (P) Ltd., P. O. Box: 12261, Z-Street, Thamel Kathmandu, Nepal
Phone: +977-1-4700190, 4701553, Fax: +977-1-4701304
Email: info@gotomountain.com, URL: <http://www.gotomountain.com>, <http://www.trekksnepal.com>