

CREDIT CARD AUTHORIZATION FORM

Fax No: 977-1-4238049

Date:

Alpine Card Service P/L
Kamaladi
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 YETI
TRAVELS PVT. LTD., MID No. 102063. by my VISA/MASTERCARD.

The necessary details for this transaction are as below:

Card Number :
Card Expiry Date :
Amount in Figure :
Amount in Words :
Identification No. (Passport) :
Card Holder's Date of Birth :
Mailing Address :

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