



Adventure Alpine Gorkha Treks & Expedition (P) Ltd.

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Credit Card Form

Fax No: 977-1-4701777

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 Adventure Alpine Gorkha Treks & Expedition (P).Ltd, **MID No. 00000000008821** 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**

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.