



Himalayan Smile Treks and Adventures Pvt. Ltd.

P.O.Box: 13216 Manang Plaza, Thamel, Kathmandu, Nepal

Tel: 977-1- 4416952, 2291858

Fax: 977-1- 4434956

Mobile: 977-1-9851088960

Email: info@himalayastrek.com

Website: www.himalayastrek.com

Credit Card Form

Fax No: 977-1-4434956

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 Himalayan Smile Treks and Adventures Pvt. Ltd, **MID No. 5005302** 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 and send us via fax or email.