



## 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](mailto:info@himalayastrek.com)

Website: [www.himalayastrek.com](http://www.himalayastrek.com)

### Credit Card Form

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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**

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**Note: Print and fill this and send us via fax or email.**