ALPINE
Card Service P. Ltd.

Fax No: 977-1-4238049
service@alpinenepal.com.np

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 for the purchase of …….
to M/S …….
Merchant ID No. ……. by my Visa/MasterCard. The necessary details for this transaction are as below:

Card Number :
Card Expiry Date :
Amount in Figure :
Amount in Words :
ID No. (P.P or I.D) :
C/H's Date of Birth :
Statement 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*