



Unique Path Trekking & Expedition Pvt. Ltd.

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Credit Card Form

Fax No: 977-1-4427258

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 Unique Path & Expedition P.Ltd, **MID No. 305587** 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.