



Fax No: 977-1 -423S049
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
.....

to M/S..... **REAL HIMALAYA PVT. LTD**.....

Merchant ID No: **9 1 0 0 1 3 4 0 8 9** 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*