

Please print and fill up complete information to Pay by Credit Card than send it by Fax or E-mail

Himalayan Worldwide Treks & Expedition (P) Ltd

P.O. Box: 15142 KPC 994 Thamel, Kathmandu Nepal

Tel: 00977-1-4700962, Fax: 00977-1- 4381932

Date:

Authorization for the Payment by credit Card

Dear Sir,

I would like to pay US\$..... for the Advance of.....

To..... By VISA / Master Card

The necessary details for this transaction are as below:

Card Number

Expiry Date

Amount

Billing Address.....

Kindly receive a 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.....

Nationality of the Cardholder.....

Passport number.....

Arrival date in Kathmandu.....

Address (Card holders').....

Telephone..... fax.....

E-mail.....

Please will you confirm, when you receive this: - By email

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