

Mountain Monarch Adventure

Explore the Himalaya with travel experts

Date:	Fax No:977-1-4373932
Alpine Travel Service	
Credit Card Division	
Durbar Marg	
Kathmandu, NEPAL	
Dear Madam/Sir	
RE: Authorization for the Paymo	ent by Credit Card
Mountain Monarch Adventu	r the purchase of
Card Number :	
Card Expiry Date :	
Amount in Words :	
Identification No. (P.P or I.D):	
Card member's Date of Birth:	
Address (home/office) :	
Kindly receive the copy of my idletter.	dentification Passport along with this request
Thank you for your kind co-operati Regards,	on.
Signature of the Cardholder Name of the Cardholder	
* Note: Please verify amount	