



# Travel Providers Pvt. Ltd.

Gairidhara Marg - 2, G.P.O. 19399, Kathmandu, Nepal

Tel: 977.1.4441947/ 4441948 / 4441949

Fax: 977.1.4441950

Email: info@travel-providers.com

Date:

Dear Sir,

### Authorization for the Payment by credit Card

I would like to pay US\$.....for the Advance of .....  
to **Travel Providers Private Limited** by VISA / MasterCard / American Express. The necessary details  
for this transaction are as below:

**Card Number** .....

**Expiry Date** .....

**CVV Number:** .....  
(3 digit printed number in the signature panel of card)

**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 or by fax or by Tel. or by telex

**Privacy:** All information contained herein is used solely by **Travel Providers Private Limited**  
for purposes of charging on your credit card and will not be released under any circumstances.

**Note:** Please add 4 % extra bank charge on credit card payment.

**Please fax this authorization form at 977.1.4441950**