

APPLICATION THROUGH FAX FOR PAYMENT BY CREDIT CARDS

Date:

The Manager
Himalayan Bank Ltd.
Thamel, Kathmandu , Nepal .

Subject: Authority to process credit card transaction through Fax.

Dear Sir,

I here by authorize following merchant to process transactions as detailed below.

Merchant Name: - Angel Tours & Travel Pvt. Ltd.

Merchant No: -

Account No. (NPR):-

Account No. (USD):- 001 00993960017

Branch code: - Karmachari Sanchaya Kosh Building, Thamel

Name of Bank: - Himalayan Bank Ltd.

Sift Code: - HIMANPKA

Tel :- 00977-1-4700040,+977- 9851049206 Fax 00977-1-4701125

Merchant Address: - Thamel, Kathmandu , Nepal

Card Holder Details (Visa / Master Card only).

Cardholder Name:

Card Number:

Expiry Date:

CVV Number:

(3 digit printed number in the signature panel of card)

Transaction Amount :(USD/INR./NRS.) Note: Add 4% as Bank commission in your total payment.

Passport Number:

Billing Address:

Contact Address:

Phone No:

Fax No:

Email ID:

Disclaimer:

I kindly request you to process above-mentioned transaction. I here by agree and accept that I have fully read and agreed the terms and conditions for the purchase of goods/ services through this transaction and I hereby indemnify merchant and Himalayan Bank Limited for any disputes arising by virtue of this transaction. The card has been issued in my name and I am the authorized user.

Note: Copy of Passport, Copy of front and backside of card should be enclosed here with and 4% Bank commission will be liable.

Sincerely,

Signature