APPLICATION THROUGH FAX FOR PAYMENT BY CREDIT CARDS

Date:

The Manager

Card Centre

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Kathmandu,Nepal

Subject: Authority to process credit card transaction through Fax.

Dear Sir,

I hereby authorize following merchant to process transactions as detailed below.

Merchant Name :

Merchant No :

Merchant Address :

Cardholder Name :

Card Number :

Expiry Date :

CVV/CVC Number :

Transaction Amount : U.S. $./ INRs./ Rs.

Passport Number :

Country :

Billing Address :

Contact Address :

Phone No :

Mobile No :

Email ID :

Disclaimer:

I kindly request you to process above-mentioned transaction. I hereby 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 ……. for any disputes arising by virtue of this transaction. The card has been issued in my name and I am the authorized user.

Note: *Please kindly send us Copy of Passport, Copy of front and back side of card*

Sincerely,

…….

Signature