

Hotel

Cascade

Date _____

Credit Card Service
Kathmandu, Nepal

Reference: Authorization for the payment by credit card.

I would like to pay _____ for the purpose of _____
to Hotel Cascade Pvt. Ltd., Lazimpat, Kathmandu, Nepal by my Visa/Master card.

The necessary details for these transactions are as below:

Card Number (Hand Written) _____

Date of expiry _____

Identification Number _____ (Passport Number)

Amount:

In words _____

In figure _____

Billing Address (Home Address)

Kindly receive the 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 card holder _____

Name of the card holder _____

Please fill up the form & email back the scanned copy along with the copy of your credit card & passport to info@cascade-hotel.com or cascadehotel@gmail.com