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**This is to authorize NEPAL TRAVELS, LLC or one of its authorized travel partners to charge for airline tickets and/or other travel services.**

Name of credit card holder: \_\_\_\_\_  
(Should be exactly as printed on card)

Credit Card: VISA/AMEX/MC/Other: \_\_\_\_\_

Number: \_\_\_\_\_ (LAST 4 digits) (We will get the full credit number over the phone)

Expiration Date: \_\_\_\_\_/\_\_\_\_\_ (month/year) eg. Aug/2008

Security Code \_\_\_\_\_ 3/4 digit code at the back

Total Amt be charged in US \$: \_\_\_\_\_

Billing address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (c) \_\_\_\_\_/(home/work) \_\_\_\_\_

Phone # in Destination: \_\_\_\_\_

Final Destination (e.g. Kathmandu): \_\_\_\_\_

Passengers name other than cardholder:

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

iv) \_\_\_\_\_

This is to confirm that, in keeping with all applicable laws, I am instructing Nepal Travels to issue the following tickets against the credit card listed above. It is expressly understood that this amount charged does not include or constitute any additional fees related to our acceptance of credit cards as a form of payment, unless permitted by law. I further represent that I, the credit card holder, has authorized this transaction and that I will indemnify and hold Nepal Travels or its travel partners harmless with respect to these instructions. It is understood and accepted that to provide additional security for my benefits, Nepal Travels, LLC may on request verification of my billing address. It is further understood and agreed that I accept full responsibility for the amount due Nepal Travels or its authorized partners. I the undersigned will NOT hold this travel agency and/or its agent responsible for any expenses incurred by me resulting from cancellation of my trip, accident, sickness, stolen or damaged baggage. By signing below, I understand that I have purchased discounted airfare, and Nepal Travels has explained to me that there is a serious penalty to cancel or change ticket(s).

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO 508-302-0470**