136 Algonquin Trail,
Ashland (Greater Boston), MA-01721, USA
Tel: 1(508) 203 - 4590
Fax: 1(508) 302 - 0470
Email: info@nepaltravelsonline.com
www.nepaltravelsonline.com

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. Itis 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: _____

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PLEASE FAX COMPLETED FORM TO 508-302-0470

The Transportation Security Administration (TSA) requires every passenger's passport details on their travel reservation so kindly fill that form. We want to ensure that you have a pleasant, hassle-free trip.

To: **Nepal Travels | Fax**: **508-302-0470**

From: _____ Phone: _____
Please make additional copies if more than three passengers.

Passenger 1

Passport Number*	
Name on Passport	
(first/last) *	
Nationality*	
Date of Birth* (dd/mm/yy)	
Gender*	
Passport Expiry Date*(dd/mm/yy)	
Passport issuing country*	

Passenger 2

Passport Number*	
Name on Passport	
(first/last) *	
Nationality*	
Date of Birth*(dd/mm/yy)	
Gender*	
Passport Expiry Date*(dd/mm/yy)	
Passport issuing country*	

Passenager 3

Passport Number*	
Name on Passport	
(first/last) *	
Nationality*	
Date of Birth*(dd/mm/yy)	
Gender*	
Passport Expiry Date*(dd/mm/yy)	
Passport issuing country*	

Passenger 4

Passport Number*	
Name on Passport	
(first/last) *	
Nationality*	

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Date of Birth*(dd/mm/yy)	
Gender*	
Passport Expiry Date*(dd/mm/yy)	
Passport issuing country*	

Passenger 5

Passport Number*	
Name on Passport (first/last) *	
Nationality*	
Date of Birth* (dd/mm/yy)	
Gender*	
Passport Expiry Date*(dd/mm/yy)	
Passport issuing country*	

Passenger 6

Passport Number*	
Name on Passport (first/last) *	
Nationality*	
Date of Birth*(dd/mm/yy)	
Gender*	
Passport Expiry Date*(dd/mm/yy)	
Passport issuing country*	

Passenger 7

Passport Number*	
Name on Passport (first/last) *	
Nationality*	
Date of Birth*(dd/mm/yy)	
Gender*	
Passport Expiry Date*(dd/mm/yy)	
Passport issuing country*	

Passenger 8

Passport Number*	
Name on Passport (first/last) *	
Nationality*	
Date of Birth*(dd/mm/yy)	
Gender*	
Passport Expiry Date*(dd/mm/yy)	
Passport issuing country*	