



ZEN TRAVELS

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Please fax this to 202.207.9550 with the front and back of your driving license & call us to
confirm this ticket order

In order to protect the security of your credit card, we accept only the last four digits of your card
in this fax. We'll take the remaining numbers by phone

This is to authorize ZEN 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: _____ (only last four digits of your card)

Expiration Date: _____ / _____ (month/year) Security Code _____
eg. Aug/2008 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. Pokhara): _____

Passengers name other than cardholder:

i) _____ ii) _____

iii) _____ iv) _____

This is to confirm that, in keeping with all applicable laws, I am instructing Zen 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 Zen Travels or its travel partners harmless with respect to these instructions. It
is understood and accepted that to provide additional security for my benefits, Zen Travels, Inc may on
request verification of my billing address. It is further understood and agreed that I accept full responsibility
for the amount due Zen 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 Zen Travels has explained to me that there is a
serious penalty to cancel or change ticket comes.

Cardholder Signature: _____

Date: _____



We are thankful that you purchased your tickets from Zen Travels. We want to ensure that you have a safe and comfortable trip. When you complete this form, we will make the request to the airline but it is ultimately the airline which has complete authority in this matter. If something in this form is very important to you (e.g. Hindu meal), it is your responsibility to confirm with the airline before your departure.

Check (✓) your seat preference:

window aisle either

Check your food preference:

Passenger 1: vegetarian fruit basket Hindu meal other:_____

Passenger 2: vegetarian fruit basket Hindu meal other:_____

Passenger 3: vegetarian fruit basket Hindu meal other:_____

Passenger 4: vegetarian fruit basket Hindu meal other:_____

Request basinet and baby food for my infant:

Yes No

Check if a wheel chair is needed (only for elderly and disabled passengers): _____

Yes No

Check if language assistance is needed: (Family members of passengers needing language assistance are encouraged to read our press release Zen Travels/fly2nepal.com fly2nepal.com | Zen Travels starts supporting Nepali parents and print the Instruction set that should be attached with tickets)

Yes No

Occasionally, we get requests from family members who would like their parents or children to travel with a companion. Please check yes if you wish to be contacted. We will reconfirm your consent before we release your phone number.

Yes, I am willing to be a travel companion
No, I am not willing to be a travel companion

Because we have our office in Kathmandu, we are able to provide a number of travel related services. Please check (✓) if you want us to contact you about any of the following services:

Cell phone rental (US \$ 25) Airport pickup (US\$ 15) Domestic flights
Mountain flights Nepal Hotels Tours
None other

Thank you for choosing Zen Travels for your trip. We are delighted you selected us and want to ensure that you have a pleasant, hassle-free trip.

Some airlines require us to provide your passport information along with the reservations. We are asking you to send us the following information so we can enter it into the airline system on your behalf.

Please fax the next page at 202.207.9550 and we will enter the information into the airline system.

All fields are required*

	example
Passport Number	123456
Name on Passport (first/middle/last)	Ram Thapa
Nationality	Nepal
Date of Birth	15 AUG 1980
Gender	Male
Passport Expiry Date	12 JUL 2015
Passport issuing country	US

To: Zen Travels

Fax: 202-207-9550

From: _____ Phone: _____

Please make additional copies if more than three passengers.

First Passenger	
Passport Number*	
Name on Passport (first/middle/last) *	
Nationality*	
Date of Birth*	
Gender*	
Passport Expiry Date*	
Passport issuing country*	

Second Passenger	
Passport Number*	
Name on Passport (first/middle/last) *	
Nationality*	
Date of Birth*	
Gender*	
Passport Expiry Date*	
Passport issuing country*	

Third Passenger	
Passport Number*	
Name on Passport (first/middle/last) *	
Nationality*	
Date of Birth*	
Gender*	
Passport Expiry Date*	
Passport issuing country*	