Credit Card Payment Authorization Form "信用卡轉賬付款授權書

電郵傳真服務用戶資料 Fax007 email fax Service Subscriber's Information

電郵傳真服務用戶姓名

Fax007 email fax Service Subscriber's Name

信用卡持有人資料 Credit Card Holder's Information

信用卡持有人姓名 (英文) Cardholder's Name (English) 日間聯絡電話 Day-Time Contact Tel No.
信用卡類別 Type of Credit card	□Visa □MasterCard 萬事達卡
信用卡帳戶號碼 Credit Card Account Numbe	er – – –
信用卡到期日	
Expiry Date	(DD/MM/YY) 發卡銀行 Issuing Bank
請附上您的信用卡正面複印	印副本
Please attach your Credit Ca	rd front page copy
Stark of New Jouland Co.	AUSC DATO

☑ 本人謹授權**當迅科技有限公司**直接經由本人上述提供的信用卡(包括信用卡有效期滿後或日後由本人或發卡機構重新提供的信用卡)扣取 Fax007 email fax 電郵傳真服務的所有費用, 直至另行書面通知爲止。

I authorize **CitiFax Information Management Limited** to charge all Fax007 email fax service bills and fees to my credit card specified above (including after expiry of the credit card or its replacement card as provided by me or my card issuer from time to time) until further notice.

▼人同意: 1. 首月(服務期開始的月份) 扣除押金港幣\$200 (根據每一個傳真號碼計算)及首月 Fax007 電郵傳真服務月費,本人明白押金不設退款,直到本人繼續繳費完成參加計劃全部服務期後,並且用書面通知取消 Fax007 電郵傳真服務,已繳押金才可以用作延長服務期抵銷。2. 由服務期開始的下一個月起,根據本人參加計劃每月扣除 Fax007 電郵傳真服務月費。本人同意如未能成功扣除月費,貴公司有權停止提供 Fax007 email fax 服務。I agree: 1. First month (the month of service period starts) deduct deposit amount of HK\$200 (calculate according to each fax number) and the first month service fee from my card. I understand the deposit amount is non-refundable until I continue to pay to complete the full service period of my subscribed plan and issue cancellation notice by written to your company then the paid amount can use to offset unpaid service fee of final months. 2. Fax007 email fax monthly service fee charge to my card according to my subscribed plan starting from next month of service period starts. Also, I understand your company has the rights to stop provide Fax007 email fax service to me if unsuccessfully charge the monthly service fee.

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Cardholder Signature

_____ 日期 Date

(DD/MM/YY)

簽署必須與上述信用卡簽署式樣相同 (如未能簽署或已簽署在本表格上,也需郵寄回轉賬付款授權書已簽署版本及信用 卡正面複印副本) Signature should correspond to specimen signature on the above specified credit card. (No mater signed or not yet signed on this form, the original signed copy & Credit Card front page copy is required to return by mailing)

填寫完畢,請傳真至 +852-28329608 或電郵至 sales@citifax.com.hk 並 寄回本公司地址: 香港香港仔黃竹坑道 27 號甄沾記大廈 A 座 16 樓

Please fax the form to +852-28329608 or email to sales@citifax.com.hk AND mail to our office Address:

Block A, 16th floor, YAN'S Tower, 27 Wong Chuk Hang Road, Aberdeen, Hong Kong.