**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 fax Service Subscriber’s Information

電郵傳真服務用戶姓名

Fax007 fax Service Subscriber Name     \_\_\_\_\_\_\_\_\_\_\_\_  Fax007 fax number:     \_\_\_\_\_\_\_\_\_\_\_\_

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

信用卡持有人姓名 (英文) 日間聯絡電話

Cardholder’s Name (English)     \_\_\_\_\_\_\_\_\_\_  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 Number  - - -   - - -   - - -   - - -

信用卡到期日 發卡銀行

Expiry Date     \_\_\_\_\_\_\_\_\_\_ \_(DD/MM/YY) Issuing Bank     \_\_\_\_\_\_\_\_\_\_

請附上您的信用卡正面複印副本

Please attach your Credit Card front page copy



🗹 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 e-fax 電郵傳真服務的所有費用， 直至另行書面通知為止。

I authorize **CitiFax Information Management Limited** to charge all Fax007 e-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.

🗹 本人同意: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.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 e-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 e-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 e-fax service to me if unsuccessfully charge the monthly service fee.

信用卡持有人簽署 日期

Cardholder Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date     \_\_\_\_\_\_\_\_\_\_  (DD/MM/YY)

簽署必須與上述信用卡簽署式樣相同

Signature should correspond to specimen signature on the above specified credit card.

**填寫完畢，請傳真至 +852-28329608或電郵至** [**sales@citifax.com.hk**](mailto:sales@citifax.com.hk) **或 寄回本公司地址:**

**香港黃竹坑業勤街33號金來大廈II期24F**

**Please fax the form to +852-28329608 or email to** [**sales@citifax.com.hk**](mailto:sales@citifax.com.hk) **or mail to our office Address: 24F, Block II, Kingley Building,**

**33 Yip Kan Street, Wong Chuk Hang, Hong Kong**