



### Autotoll Telematics Services Customer Particular Amendment Form

### 快易通車輛訊息系統服務客戶資料更改表格

**Customer Particular 客戶資料** (Please complete in Block Letter 請以英文正楷填寫)

|                                       |  |                                   |  |
|---------------------------------------|--|-----------------------------------|--|
| Customer / Company Name<br>客戶 / 公司名稱# |  | Effective Date<br>生效日期            |  |
| Contact Person 聯絡人#                   |  | Secondary Contact Person<br>第二聯絡人 |  |
| Telephone No. 電話號碼#                   |  | Telephone No. 電話號碼                |  |
| Fax No. 傳真機號碼#                        |  | Fax No. 傳真機號碼                     |  |

# Mandatory Field. 此欄必須填寫

(Please "✓" the appropriate box(es). 請"✓" 適當項目)

|  |  |
|--|--|
| <b>Change Information 更改資料</b>   |  |
| Corresponding Vehicle Registration Plate / Account Number 相關車牌號碼 / 戶口編號: |  |
| <input type="checkbox"/> Payment Method 付款方式                             | <input type="checkbox"/> Cheque 支票<br><input type="checkbox"/> Tag account 標籤戶口 _____ (需同時附上服務月費付款同意書)<br>(Authorization Notice for Monthly Service Fee Payment by account is required to attach)<br><input type="checkbox"/> Direct Debit Authorization 直接付款授權書 (必需附上直接付款授權書正本)<br>(Original Direct Debit Authorization Form is required to attach) |
| <input type="checkbox"/> Registered Address<br>註冊地址 *                    |  |
| <input type="checkbox"/> Mailing Address<br>郵寄地址                         |  |
| <input type="checkbox"/> Mailing Contact Person<br>郵寄聯絡人                 |  |
| <b>Remarks:</b>  |  |

\* Please attach copy of New Business Registration. 請提供新商業登記証副本

For and on behalf of

Authorized Signature with Co. Chop 授權簽署及公司印蓋

Name of Signatory 簽署人姓名: \_\_\_\_\_

Date 日期: \_\_\_\_\_

**Please post or fax to 可郵寄或傳真至 2773 6619**

**Attention 致: \_\_\_\_\_**

For Telematics Dept. Use Only

For Accounting Dept. Use Only

|   |   |  |
|---|---|--|
| Initialed by:<br>_____<br>Name: (TELE)<br>Date: | Certified by:<br>_____<br>Name: (TELE)<br>Date: | Pay by: _____<br>_____<br>Name:<br>Date: |
|---|---|--|



Autotoll Telematics Service Cancellation / License Plate Number Amendment Form

取消 / 更改快易通車輛訊息系統服務

Customer Particular 客戶資料 (Please complete in Block Letter 請以英文正楷填寫)

|                                       |  |                                   |  |
|---------------------------------------|--|-----------------------------------|--|
| Customer / Company Name<br>客戶 / 公司名稱# |  |                                   |  |
| Contact Person 聯絡人#                   |  | Secondary Contact Person<br>第二聯絡人 |  |
| Telephone No. 電話號碼#                   |  | Telephone No. 電話號碼                |  |
| Fax No. 傳真機號碼#                        |  | Fax No. 傳真機號碼                     |  |

# Mandatory Field. 此欄必須填寫

Vehicle Information 車輛資料

| No.: | Vehicle Registration Number 車牌號碼 |               | Effective Date 生效日期*<br>*to be confirmed by Autotoll<br>由快易通確定生效日期 |
|------|----------------------------------|---------------|--|
|      | Cancellation 取消                  | 更改 Amendment  |  |
|      |                                  | Existing 現有車牌 |  |
| 1.   |                                  |               |  |
| 2.   |                                  |               |  |
| 3.   |                                  |               |  |
| 4.   |                                  |               |  |
| 5.   |                                  |               |  |
| 6.   |                                  |               |  |

Remarks 備註:

Autotoll will contact the customer during office hours. The customer must allocate vehicle for on board unit dismantling after submitting this notice or full month service fee will be applied. Effective date is subjected to the dismantle date.

快易通將於辦公時間聯絡上述聯絡人，預約車載主機拆除事宜，服務中止日期以拆除時間為準，客戶需預留車輛讓快易通人員拆除主機，否則客戶需繼續繳付服務月費

For and on behalf of

Authorized Signature with Co. Chop 授權簽署及公司印蓋

Name of Signatory 簽署人姓名: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Please post or fax to 可郵寄或傳真至 **2773 6619**

Attention 致: \_\_\_\_\_

For Telematics Dept. Use Only

For Accounting Dept. Use Only

|   |   |  |
|---|---|--|
| Initialed by:<br>_____<br>Name: (TELE)<br>Date: | Certified by:<br>_____<br>Name: (TELE)<br>Date: | Pay by: _____<br>_____<br>Name:<br>Date: |
|---|---|--|