

**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 客戶 / 公司名稱#		Effective Date 生效日期	
Contact Person 聯絡人#		Secondary Contact Person 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 <input type="checkbox"/> Tag account 標籤戶口 _____ (須同時附上服務月費付款同意書) (Authorization Notice for Monthly Service Fee Payment by account is required to attach) <input type="checkbox"/> Direct Debit Authorization 直接付款授權書 (必須附上直接付款授權書正本) (Original Direct Debit Authorization Form is required to attach)
<input type="checkbox"/> Registered Address 註冊地址 *	
<input type="checkbox"/> Mailing Address 郵寄地址	
<input type="checkbox"/> Mailing Contact Person 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 fax to 可傳真至 2773 6619 / 3572 0118**

**Attention 致: \_\_\_\_\_**

For Telematics Dept. Use Only

For Accounting Dept. Use Only

Initialed by:  _____ Name: (TELE) Date:	Certified by:  _____ Name: (TELE) Date:	Pay by: _____  _____ Name: Date:
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