CUSTOMER SUBSCRIPTION FORM

easytrip no limits

PLEASE ANSWER IN PRINT (RED ENTRIES ARE OPTIONAL)

Payment Option: ☐ 15 month advance rental payment ☐ Monthly rental payment

Account Information: LAST NAME FIRST NAME MIDDLE NAME

Personal Information: ☐ Mr ☐ Ms ☐ Mrs _____

Birthday: _____ Occupation: _____

Home Address: _____
NUMBER STREET AREA LOCATION CITY TOWN ZIP CODE

Business Address: _____
NUMBER STREET AREA LOCATION CITY TOWN ZIP CODE

Home Number: _____ Mobile Number: _____

Fax Number: _____ Email Address: _____

Business Information **(Corporate Accounts)**

Company Name: _____

Business Address: _____
NUMBER STREET AREA LOCATION CITY TOWN ZIP CODE

Name of the Authorized Representative: _____ Phone Number: _____

Fax Number: _____ Mobile Number: _____

Email Address: _____

Automatic Debit Options (Customer should have credit card):

Automatic Replenishment Authorization:

→ Minimum Threshold Amount: ☐ P300 ☐ P500 ☐ P1000 ☐ other higher amount P_____

Automatic Reload Amount

☐ P500 ☐ P1000 ☐ P2000 ☐ P3000 ☐ P4000 ☐ P5000 ☐ other amount P_____

Credit Card Number: _____ PIN (3 numbers at back of card): _____

Expiration Date: _____ Issuing Bank: _____

Type of Card: ☐ Master ☐ Visa ☐ JCB Credit Limit: _____

Authorization Approval Signature with Date **(Please accomplish the attached AUTHORITY CHARGE FORM)**

☐ I certify that the above information are true and correct. I read, understand and accept the terms and conditions of the contract and the pricing scheme.

☐ I voluntarily disclose and authorize Easytrip to use all the personal information I have provided in this subscription form in whatever means they deem necessary in accordance to the service they provide.

_____ _____

CUSTOMER'S SIGNATURE **DATE**

EASYTRIP USE ONLY:

Tag Serial Number: ☐☐☐☐☐☐☐☐☐☐☐☐ Date: _____

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Product Type: ☐ Easytrip Cruiser ☐ Easytrip Plus

Registered Vehicle Information: Vehicle Make: _____ License Plate Number: _____

Year, Model, Brand, Color

Processed By (POS Staff Name): _____ POS Staff ID no: _____

POS Location: _____

1 Validating ID showed by customer:

Types: ☐ Driver's License ☐ Company/School ID ☐ SSS/TIN ☐ Passport ☐ Other Valid Government Issued IDs: _____

ID Number: _____

Signature of POS Staff: _____