

嘉順車隊咭申請表

請以 選擇下列其中一項

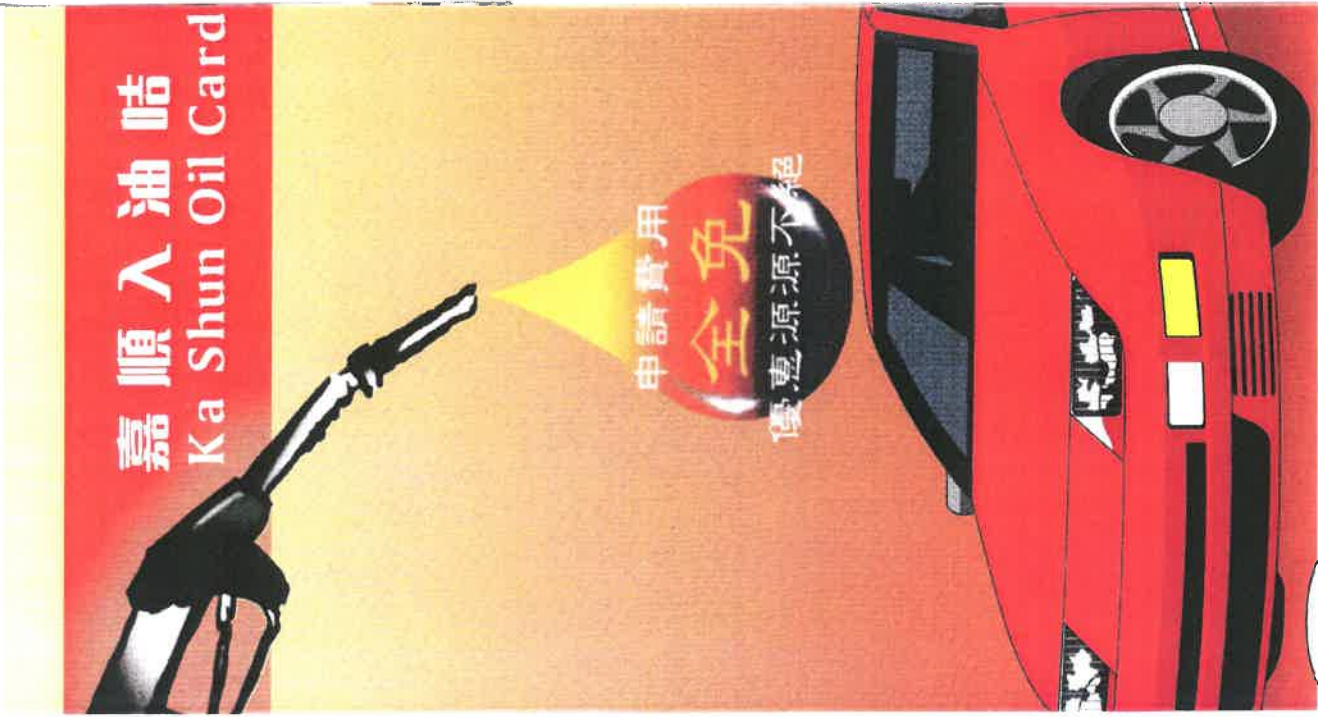
- 埃克森美孚香港有限公司
- 中石化(香港)有限公司
- 以上兩者同時申請

申請人資料 Applicant Information

先生 Mr. 小姐 Miss 女士 Mrs. 中文姓名 Chinese Name
 以上兩者同時申請

姓 Surname	名 Given Name
住宅地址 Home Address	住宅電話/傳真號碼 Mobile/Fax No.
手提電話/傳真號碼 Mobile/Fax No.	辦公室電話 Office Phone No.
僱主名稱及地址 Company Name and Address	車牌號碼 Vehicle Number
身份証號碼 Hong Kong I.D. Card No.	車輛類別 Vehicle type
電郵地址 E-mail Address	其他 Others

編號 NO:



請貼上郵票
AFFIX
STAMP
HERE

KA SHUN PETROLEUM TRADING CO
ROOM 3201, 32/F, ASIA TRADE CENTRE,
79 LEI MUK ROAD,
KWAI CHUNG, NT

聲明及簽署 Declaration and Signature

請先細閱然後簽名 Please read before signing

本人經讀以上各項資料均屬詳實。本人同意嘉順公司可向任何有關方面查詢。本人同時亦明白此申請表乃嘉順石油貿易公司(嘉順)之所有物，不獲申請批准與否，均可由貴公司保留。如申請獲嘉順接納，本人應遵守嘉順附錄合約內之條款，並接納此等條款嘉順可隨時作出修改。本人明白嘉順可運用及向其其他債權人追討此申請表提供之資料及有關本人之賬戶資料作行政市場推廣及財務追討之用。

I declare that all information on this application is true and complete. I authorize you to confirm it from whatever source you choose. I understand that this application form remains the property of Ka Shun Petroleum Trading Company ("Ka Shun"). If my application is accepted by Ka Shun, I agree to be bound by the terms of the Ka Shun Credit Agreement as amended from time to time by Ka Shun. I further agree that information provided in this application and information about my account may be used or disclosed by Ka Shun to any third party for marketing, administrative or account collection purposes.

申請人簽署 Applicant's Signature

日期 Date

交回表格時，請一併帶上填妥之直接付款授權書及下列文件影印本：

1. 車輛登記文件(牌簿)
2. 申請人香港身份證

Please return this application with the completed Direct Debit Authorization form (Autopay) and copies of:

1. Hong Kong Vehicle Registration Document of vehicle included in this application.
2. Applicant's Hong Kong I.D. Card.

貴戶必須採用銀行自動轉賬方式結賬，請填妥以下直接付款授權書。直接付款授權書將被本公司撕下，交予銀行以便辦理自動轉賬手續。

The Oil Card requires the account be settled through Autopay service. In this connection, please also complete the following Direct Debit Authorization form. The Autopay form will be detached and submitted to your bank for Autopay processing.

注：申請自動轉賬服務需時約 4-5 星期。閣下在未接獲自動轉賬生效通知前，請先以支票結賬。

查詢請電嘉順客戶服務熱線 2422 3039

Note: Autopay will require 4-5 weeks. Please settle you account by cheque while your Autopay is being processed.

For Enquiries, please call our Customer Services Hotline on 2422 3039

Online Use Only 專用

Direct Debit Authorisation

直接付款授權書

Date 日期	Day 日 / Month 月 / Year 年
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Name of Party to be Credited (The Beneficiary)

收款的一方 (受益人)

嘉順石油貿易公司
Ka Shun Petroleum Trading Company

Bank No.

銀行號碼

Branch No.

分行號碼

Account No.

戶口號碼

0 | 0 | 4 | 1 | 8 | 3 | 3 | 6 | 2 | 2 | 2 | 8 | 4 | 0 | 0 | 1

1. I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

本人(等)現授權本人(等)的上述銀行，(根據受益人或其往來銀行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定的限額。

2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

本人(等)同意本人(等)的銀行毋須證實該等轉賬通知是否已交予本人(等)。

3. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

如(因該等轉賬而令本人(等)的戶口出現透支 (或令現時的透支增加)，本人(等)願共同及各別承擔全部責任。

4. I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice.

本人(等)同意如本人(等)的戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。

5. This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur).

本授權書將繼續生效直至另行通知或直至下列到期日為止 (以兩者中最早的日期為準)。

6. I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人(等)同意，本人(等)取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作天之前交予本人(等)的銀行。

My/Our Bank Name and Branch 本人(等)的銀行及分行的名稱	
Bank No. 銀行號碼	My/Our Account No. 本人(等)的戶口號碼
#My/Our Name(s) as recorded on Statement/Passbook # 本人(等)在結單 / 存摺上所記錄的名稱	
#Contact Telephone No. 聯絡電話號碼	
"Limit for Each Payment/Month" "每次/月付款的限額"	"Expiry Date (day/month/year)" "到期日 (日/月/年)"
My/Our Address as recorded on Statement/Passbook 本人(等)在結單 / 存摺上所記錄的地址	
#Name of Debtor (if other than Account Holder) # 債務人的姓名 (若非戶口持有人)	
#Debtor's Reference (For company use only) # 債務人參考 (此欄由本公司填寫)	
#My/Our Signature(s) # 本人(等)的簽署	
For Bank Use Only 銀行專用	Remarks 備註
Signature Verified	

* Please delete whichever is not appropriate. * 請刪去不適用者。
Please write in Block Letters. # 請以英文正楷填寫。

*Notes * 附注：

1. If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
如台端付款的數額每次可能不相同，則請將最高者定為每次付款的最高限額。
2. This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.
本直接付款授權書將於「到期日」一欄中所填寫的日期自動撤銷。如貴戶欲使直接付款授權書無限期有效 (或直至貴戶予以撤銷為止)，則請將該欄留空。
3. Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
請保證貴戶在此授權書內的簽名，與銀行戶口所簽者完全相同。
4. In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.
在債務人的參考欄內，請將貴戶與收款一方的關係，略予說明，例如學生編號、抵押合約號碼等。
5. If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".
如「每次/月付款的限額」一欄未有填上，債務銀行會將轉賬限額設定為「不設上限」。