



# Eastern Tact Ltd. 協東有限公司

Room 401, Hip Kwan Commercial Building, 38 Pitt Street, Yau Ma Tei, Kowloon  
Tel.: (852) 3156 2033 Fax: (852) 3156 1177

ETA

業務主任 張先生 9820 6327

## FUEL CARD APPLICATION FORM 燃油記賬咭申請表

Applicant's Information 個人資料			
<input type="checkbox"/> Mr. 先生	<input type="checkbox"/> Miss 小姐	<input type="checkbox"/> Ms. 女士	
Name in Chinese 中文姓名			
Name in English 英文姓名			
HKID No. 身份証號碼			
Mobile Phone / Pager No. 手提電話 / 傳呼機號碼			
Office Phone No. 公司電話			
Residential Address Phone No. 住宅電話			
Residential Address 住宅地址			
Office Address 公司地址			
Vehicle Registration Number 車輛登記號碼			
Purchase Restriction 購買燃油資料:	Petrol / Diesel 電油 / 油渣	Pin 需要密碼	No Pin 不需密碼
Card 1 _____ ●	_____	<input type="checkbox"/>	<input type="checkbox"/>
Card 2 _____ ●	_____	<input type="checkbox"/>	<input type="checkbox"/>
Card 3 _____ ●	_____	<input type="checkbox"/>	<input type="checkbox"/>
Card 4 _____ ●	_____	<input type="checkbox"/>	<input type="checkbox"/>
Card 5 _____ ●	_____	<input type="checkbox"/>	<input type="checkbox"/>

● 登記車主姓名若非申請人，則須由登記車主填妥擔保人資料。

For enquires, please call our hotline at (852) 3156 2033. Fax: (852) 3156 1177

Referrer Programme (completed this section if applicable) 推薦人(若適用,請填寫)				
Referrer's Name 推薦人姓名: <b>HDTSA</b>				
Referrer's A/C No. 推薦人賬號:				
Please send monthly bill to 月結單收取方式:				
<input checked="" type="checkbox"/> E-Mail Address 電郵地址				
<input type="checkbox"/> Fax 傳真				
<input type="checkbox"/> Residential Address 郵寄到住宅地址*				
<input type="checkbox"/> Office Address 郵寄到公司地址*				
* 若以郵寄收取月結單，每月須支付HK\$5費用。款項直接於當月月結單中收取。				
Guarantor Declaration 擔保人資料及簽署				
Name in Chinese 中文姓名		Name in English 英文姓名		
HKID No. 身份証號碼		Mobile Phone No. 手提電話號碼		
Residential Address 住宅地址				
擔保人聲明及簽署 擔保人(本人)乃自願提供上述資料並保證真實、完整及正確無誤，本人明白，若上述開戶人士拖欠『協東有限公司』賬款而未能如期清還，本人須全數承擔清還該賬款之責任，而『協東有限公司』保留一切追討之權利。				
_____ 擔保人簽署並同意上述條款及聲明 日期				
For Office Use Only 以下由本公司填寫				
Salesman	D - D	D-P	Pay Mode	Approval
<b>SC</b>	<b>1.40</b>	<b>1.40</b>	<b>AUTO</b>	

如有任何查詢，請致電熱線 (852) 3156 2033。傳真: (852) 3156 1177

## Personal Account 私人戶口

Please complete form in English (BLOCK LETTERS) 請以英文正楷填寫

Declaration and Signature 聲明及簽署	
Please read before signing 簽署前請細閱以下聲明:	
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 Eastern Tact Ltd. ("ETL") if my application is accepted by ETL, I agree to be bound by the terms of the Fuel Credit Agreement as amended from time to time by ETL. Also, I understand to take responsibility to settle the overdue amount until clearance. However, ETL will reserve the right to take further action for collection.	
本人證實以上各項資料均屬詳實。本人同意貴公司向任何有關方面查詢。本人同時亦明白此申請表乃屬協東有限公司之所有物，不論申請批准與否，均可由貴公司保管。如申請獲協東有限公司接納，本人願意遵守燃油記賬合約內之條款，並接納此司可隨時作出修改，本人清楚明白須承擔清還賬項全數之責任，而協東有限公司可保留一切追討之權利。	
Applicant's Signature 申請人簽署並同意上述條款及聲明	Date 日期
Please return this application with the completed Direct Debit Authorization Form (Autopay) and copies of: 遞交表格時，請一併寄上填妥之直接付款授權書及下列文件之副本。	
1. Vehicle Registration Certificate(s) 車輛牌照登記	2. Proof of Address 現居地址證明
3. Hong Kong Identity Card 香港身份證	
Note: Please settle your account by cheque or Cash while your Autopay is being processed. 註: 在辦理自動轉賬期間，請以支票或現金形式結賬。	

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Please complete and return this form to your banker. 請依次填寫並將此授權書交給貴戶之往來銀行

Name of Party to be Credited (“The Beneficiary”) 收款之一方 (受益人)	Bank No. 銀行編號	Branch No. 分行號碼	Account No. to be Credited 收款賬戶號碼
<b>EASTERN TACT LIMITED</b>	<b>0   3   0</b>	<b>5   6   5</b>	<b>0   0   0   6   3   0   7   7</b>

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

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.

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).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, 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 authorization at any time on one week’s written notice.

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

I/We agree that any notice of cancellation or variation of this authorization 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/吾等現授權本人/吾等之下述銀行，(根據受益人及/或代理行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬至上述賬戶口。惟每次轉賬金額不得超過以下指定之限額。

本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。

本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

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

本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。

My / Our Bank Name and Branch 本人 / 吾等之銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行號碼	My / Our Account No. 本人 / 吾等之賬戶號碼
My / Our Name(s) as recorded on Statement / Passbook 本人 / 吾等在結單/存摺上所紀錄之名稱	Limit for Each *Payment / Month 每次 / 月付款之限額		Expiry Date (See Notes Below) 到期日 (參閱下列附註各點) Day 日 Month 月 Year 年
Name of Debtor (if other than Account Holder) 債務人之姓名 (若非賬戶持有人)	Debtor’s Reference (Compulsory Field - See Notes Below) 債務人參考 (必填之欄 - 請參閱下列附註各點)		
My / Our Address as recorded on Statement / Passbook 本人 / 吾等在結單/存摺上所紀錄之地址	Telephone No. 聯絡電話	My / Our Signature(s) 本人 / 吾等之簽名  Date 日期:	
For Bank Use Only 以下由銀行填寫		Signature(s) Verified 核對印鑑	

\* 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 附註：**

- 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 台端付款之數額每次可能不相同，則請將最高者定為每次付款之最高限額。
- This Direct Debit Authorization will be cancelled automatically on the date included in the box marked “Expiry Date”. If you wish the Direct Debit Authorization 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]一欄中所填寫之日期如自動撤銷。如 貴戶意欲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。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account.  
請保證 貴戶在此授權書內之簽名，與銀行賬戶所簽者完全相同。
- 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.,  
在債務人之參考欄內，請將貴戶與受款一方之關係，略予說明，例如學生編號，抵押合約號碼等。
- The debtor’s bank may set an internal limit when the “Limit for Each Payment/Month” is not specified.  
當 “每次/月付款之限額”一欄未有填上時，債務銀行可酌權就轉賬金額設下一個限額。
- The Debtor’s bank reserves the right to reject the payment exceeding the maximum limit specified by the debtor’s bank unless prior arrangement have been made.  
如果轉賬金額超過債務銀行所定限額，除預先安排外，債務銀行會保留權利不予轉賬。

\* 如有更改請在旁加簽 \*

\* 不可使用信用咭扣賬 \*