



嘉 · 順 石 油 貿 易 公 司
KA SHUN PETROLEUM TRADING COMPANY

新界葵涌梨木道 79 號亞洲貿易中心 2212 室

Room 2212., Asia Trading Centre, 79 Lei Muk Road, Kwai Chung, N.T. Hong Kong. 電話 Tel: 2428 7289, 2422 3039 傳真 Fax: 2422 3050

致：香港運輸物流學會

本公司現可為 貴會會員及其配偶提供埃克森美孚香港有限公司“Mobil”之汽車加油優惠咭服務，每升油價以超優惠價結算。本公司深信此優惠會適合 貴會會員使用，並保證一定待客以誠。

申請優惠油咭所需要的資料及手續如下：

1. 填寫申請表格及連同銀行自動轉賬申請書一份。由於辦理自動轉賬手續需時，在未接獲生效通知前以支票結賬，如郵寄支票，請將支票劃線及抬頭寫上『嘉順石油貿易公司』，以回郵信封寄回本公司。
2. 申請人會員証，身份証及牌簿副本各一份
3. 結婚証書(如車主為 貴會會員之配偶)影印本一份
4. 地址証明(如水電或電話費單等)副本一份
5. 申請人請將上述文件交回 貴會負責人集合後交回本公司

有關自動轉賬付款事宜

此份直接付款授權書必須填寫儲蓄戶口賬號，而當中的『到期日(日/月/年)』、『債務人的姓名』及『債務人參考』，這幾項無需填寫，此乃是我司與銀行之內部協議，並如需填寫『每月付款的限額』，煩請於填寫後在此欄內補加簽名作實，或有任何塗改或修改處，請在適當位置上簽名核實才能生效。

註 1：本公司由二零零三年六月一日起，已由電子賬單取代郵寄賬單。客戶可於每月八號後之任何時間透過互聯網登入本公司網頁：www.kashuntrading.com 查閱有關月結賬單資料。

註 2：自動轉賬付款日期為每月 15 號，結賬截數日期為每月最後一日。

註 3：本公司原有客戶如更換車牌號碼或以同一車主名下申請另一車輛之油咭，請先與本公司聯絡，手續更簡便。

※ 如有查詢請致電油咭熱線 2428-7289 或 2422-3098



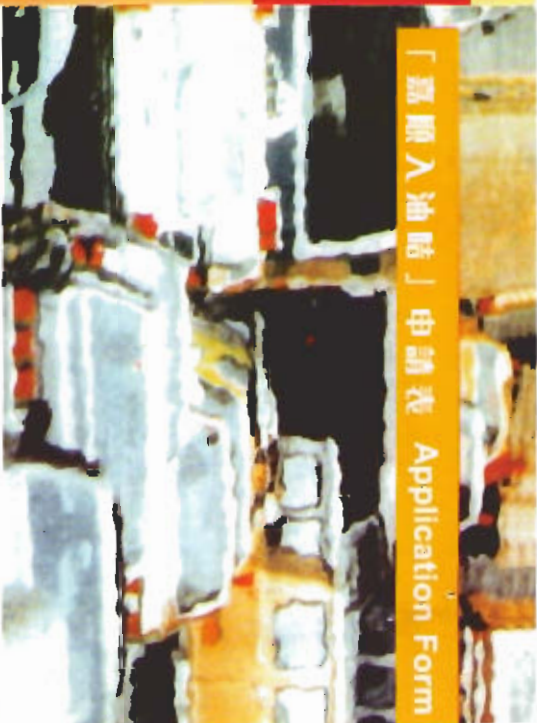
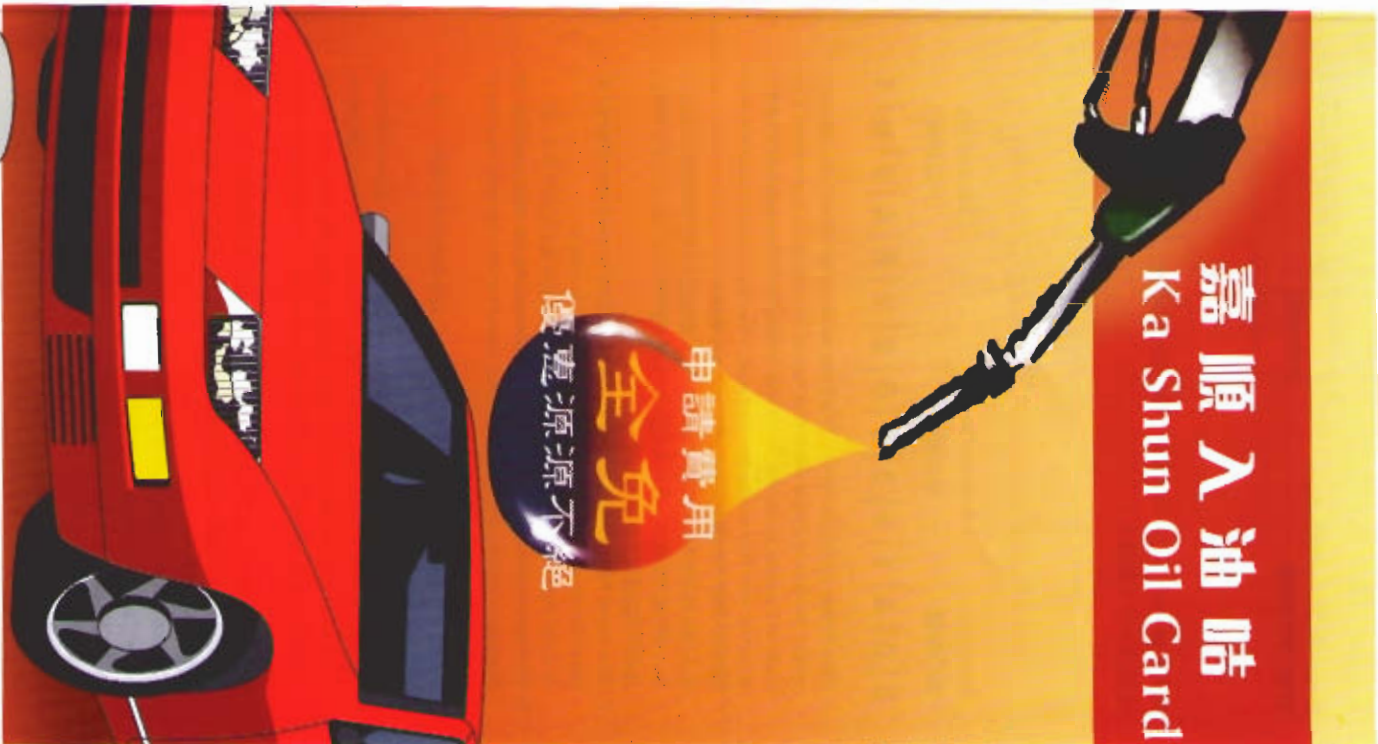
嘉順石油貿易公司啓
二〇〇四年十一月二十九日

KA SHUN PETROLEUM TRADING COMPANY
 FLT 12, 22/F, ASIA TRADING CTR
 79 LEI MUK RD
 KWAI CHUNG
 NT

請貼上郵票
 AFFIX
 STAMP
 HERE



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



此部份必須以英文正楷填寫

申請人資料 Applicant Information

先生 Mr. 小姐 Miss 女士 Mrs. 中文姓名 Chinese Name

姓 Surname 名 Given Name

住宅地址 Home Address

住宅電話 Home Phone No.

手提電話/傳真號碼 Mobile/Fax No. HKKLNNT 辦公室電話 Office Phone No.

業主名稱及住址 Company Name and Address

身份證號碼 Hong Kong I.D. Card No.

電郵地址 E-mail Address

車輛資料 Vehicle Information

車輛類別 Vehicle Type 私家車 Private Car 的士 Taxi 小巴 Mini Bus

輕型貨車 Van 拖頭或貨車 Truck or Lorry 其他 Others

車牌號碼 Vehicle Number

編號 NO:

聲明及簽署 Declaration and Signature

請先細閱此條款。 Please read before signing

本人謹將以上各項資料填妥，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嘉順石油貿易公司(嘉順)之所有物，不論申請批准與否，均可由貴公司保管。如申請表填妥後，本人同意貴公司將此表內之條款，直接轉交予貴公司隨時作出修改。本人明白貴公司可運用此表內之條款，申請有關之資料及有關本人之賬戶資料作市場推廣及收帳用途之用。

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，請一併將上述之直接付款授權書及下列文件影印本：
1. 車輛登記文件(清簿)
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。
直接付款授權書將寄本公司閣下，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：申請自動轉賬服務時約4-5星期，閣下在未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 your account by cheque while your Autopay is being processed.

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

Office Use Only 客戶專用

Direct Debit Authorisation 直接付款授權書

Day /Month /Year 年
Date 日期

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. Branch No. Account No.
銀行號碼 分行號碼 戶口號碼

0 | 0 | 4 | 1 | 8 | 3 | 3 | 6 | 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數額。

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(或令現有的透支增加)，本人(等)屬共同及個別承擔全部責任。

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，且銀行可收取通常的收費，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 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/更改生效日前至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)的銀行名稱及分行

Bank No. Branch No. My/Our Account No.
銀行號碼 分行號碼 本人(等)的戶口號碼

My/Our Name (as recorded on Statement/Passbook) 本人(等)在結單/存摺上所記錄的姓名

Contact Telephone No. 聯絡電話號碼

Limit for Each Payment/Month 每月/月付的限額

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(僅供公司使用)

My/Our Signature(s) 本人(等)的簽署

For Bank Use Only 銀行專用

Remarks

Signature Verified

Please detach whichever is not applicable. 請撕去不適用者。

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.

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.

3. Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

4. In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited, e.g. Student No., Mortgage Agreement No., Rental Agreement No., etc.

5. If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".

6. If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".

7. If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".