



EASYDRIVE CUSTOMER SUBSCRIPTION FORM

PLEASE ANSWER IN PRINT

New Subscription

Additional

Payment Option: Cash

Credit card

Individual

Corporate

Account Information:

Personal Information: Mr Ms Mrs _____ Birthday: _____

Last Name First Name Middle Name

Home Address: _____ Occupation: _____

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: _____

Vehicle Classification: Class 1 Class 2 Class 3

Vehicle Make: _____ License Plate Number: _____

Year Brand Color Model

I certify that the above information are true and correct.

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

No. _____

CUSTOMER'S SIGNATURE

DATE

EASYTRIP USE ONLY

Valid ID Presented /ID No.: _____ Date: _____

Validated by: (POS Name) _____ POS Location: _____
Signature over Printed Name

ESC-CRM

Processed by: (CRM Name) _____ Date: _____

Signature over Printed Name

White - ESC's Copy

Pink - Customer's Copy

Blue - Sales' Copy

