



Unit 701, 7th Floor Citystate Centre
709 Shaw Boulevard, Pasig City

Authority to Use Credit Card

I authorize _____ with Easytrip Account No/s.
_____ to use my credit card for Easytrip auto reload replenishment.

CARD HOLDER INFORMATION

First & Last Name on the Card: _____

Email Address: _____

Contact Number: _____

I voluntarily disclose the above information for Easytrip auto reload replenishment (charges including reload and credit card service fee) as signed in Easytrip Services Corporation Credit Card Authority to Charge Form.

CARD HOLDER'S NAME OVER SIGNATURE

Each authorization must be accompanied with a legible copy of:

1. The Front of Credit Card being used
2. Credit Card Holder's Valid ID



02-555-7575



02-555-7575 press 3 (for fax)



support@easytrip.ph (NLEX)



easydrive.support@easytrip.ph (CAVITEX)