

Authorization to Use and Charge Credit Card

_____ Date



EASYTRIP SERVICES CORPORATION
 Unit 701, 7th Floor, Citystate Center
 709 Shaw Boulevard, Pasig City

This is to authorize EASYTRIP SERVICES CORPORATION (ESC) and its Authorized Credit Card Bank Provider, to charge my Credit Card for the replenishment of _____ (name of subscriber)'s Easytrip Account whom I also authorize to use my Credit Card for the aforementioned transaction. This is in accordance with the selected mode and credit card information as provided below.

CREDIT CARD INFORMATION		EASYTRIP ACCOUNT INFORMATION	
<input type="checkbox"/> New <input type="checkbox"/> Renewal			
Cardholder's Name:		Account Name:	
Expiry Date:		Account No.:	
Card Type:	<input type="checkbox"/> Mastercard <input type="checkbox"/> JCB <input type="checkbox"/> Visa <input type="checkbox"/> American Express	Other Easytrip Account No/s. (if any):	
Card Issuer:		Email Address:	
Threshold: <i>(minimum of Php 500.00)</i>		Contact No.:	
Replenishment Amount			
<input type="checkbox"/> Php 500.00 <input type="checkbox"/> Php 4,000.00 <input type="checkbox"/> Php 1,000.00 <input type="checkbox"/> Php 5,000.00 <input type="checkbox"/> Php 2,000.00 <input type="checkbox"/> Others: Php _____ <input type="checkbox"/> Php 3,000.00			

AUTHORIZATION	
<ul style="list-style-type: none"> ● I voluntarily disclose the above information for Easytrip auto reload replenishment (charges including reload and credit card service fee). ● I understand and agree on ESC Terms and Conditions No. 2 Section 2.1.5 "The Subscriber agrees and allows that fees charged by ESC, its affiliates, partners, providers, etc. for toll, payment or other facilities and services including Service Fees, Convenience Fees, Reloading Fees, etc. shall be automatically deducted from the Subscriber's Account as it may deem applicable by ESC." ● I understand and agree that this arrangement shall be on continuing basis unless cancelled in writing by the undersigned or as deemed necessary by Easytrip Services Corporation. ● I fully understand and agree that failure to debit my account due to the credit card issuer's dishonor of my credit card for whatever reason will result to the immediate cancellation of this authorization without prior notice. 	<ul style="list-style-type: none"> ● I understand that in case of loss card, card cancellation and card expiration, I am aware that I am responsible in updating my credit card information and submitting new Authorization to Use and Charge Credit Card Form (hard copy) to avoid discontinuance of my automatic replenishment arrangement. ● I am aware that any changes in my credit card information requires me to submit a new Authorization to Use and Charge Credit Card Form (hard copy) along with the photocopy of the front of my credit card. ● I have attached herewith the following documents to further support this request. <ul style="list-style-type: none"> <input type="radio"/> Photocopy of the credit card's front face <input type="radio"/> Valid ID of cardholder <input type="radio"/> Valid ID of authorized user / assignee

EASYTRIP SUBSCRIBER'S SIGNATURE OVER PRINTED NAME	CARDHOLDER'S SIGNATURE OVER PRINTED NAME

Email completely filled out forms and requirements to: support@easytrip.ph (NLEX) support.south@easytrip.ph (Cavitex, C5 Link, CALAX)	<p style="text-align: center;"><i>For POS use only:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>RECEIVED BY:</td><td></td></tr> <tr><td>STATION:</td><td></td></tr> <tr><td>DATE:</td><td></td></tr> </table> <p style="text-align: center;"><i>For CRM use only:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>PROCESSED BY:</td><td></td></tr> <tr><td>PROCESSED DATE:</td><td></td></tr> </table>	RECEIVED BY:		STATION:		DATE:		PROCESSED BY:		PROCESSED DATE:	
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Or forward to Easytrip Sales Personnel at any of our stations. Visit www.easytrip.ph for the list of Easytrip stations. Note: Requests with incomplete details and requirements will not be processed.											