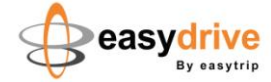




CREDIT CARD AUTHORITY TO CHARGE FORM



THIRD PARTY CREDIT CARD AUTHORIZATION FORM

_____ Date

as payment for my EASYTRIP SERVICES CORPORATION'S monthly/other billings for reference of my Easytrip Account Number:

This form is designed to allow the use of your credit card for third party billing. In order to ensure processing, all fields must be completed in full and all required information must be returned to us at Fax# 555-7575 PRESS 3.

EASYTRIP SERVICES CORPORATION

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

12-digit Easytrip Account Number:

5200- _____ - _____

1. I fully understand and agree that the authorization shall be on a continuing basis unless cancelled by the undersigned in writing or as determined by EASYTRIP SERVICES CORPORATION.
2. I further understand and agree that perennial un-posting/non-debiting of my account due to unavailability/insufficiency of funds could be a sufficient ground for the immediate revocation/cancellation of this authorization even without prior notice to me.
3. Easytrip must be informed for ANY changes on your credit card details (Credit card number, expiration date, etc.) Kindly fill out a new Credit Card Authority to Charge Form.
4. As stated in ESC Terms and Conditions No. 2 Section 2.1.5 "The fees charged by tolls or other additional services, service charges and reloading option fees are automatically deducted from the account or as it may deem applicable".
5. In case of loss and expired credit card, please inform Easytrip and fill out a new Credit Card Authority to Charge Form.

******EACH AUTHORIZATION MUST BE ACCOMPANIED WITH A LEGIBLE COPY OF:**

- THE FRONT OF THE CREDIT CARD BEING USED
- A COPY OF VALID PHOTO ID OF THE CARD HOLDER

02-555-7575 PRESS 2 (FAX CONFIRMATION)
 02-555-7575 PRESS 3 (FOR FAX)
 support@easytrip.ph

This will authorize EASYTRIP SERVICES CORPORATION to charge from my CREDIT CARD with the following details:

CARD HOLDER INFORMATION

First & Last Name on Card: _____

Billing address of Cardholder: _____

Email: _____

Contact Number: _____ Fax# _____

CREDIT CARD INFORMATION

Credit Card Number:

_____ - _____ - _____ - _____

Expiry Date: MM ____ YYYY _____

Credit Card Type: VISA MASTERCARD JCB
 AMERICAN EXPRESS

Card Issuer: _____

THRESHOLD: (minimum of Php500.00) Php _____

THE FOLLOWING CHARGES ARE ALLOWED:

Easytrip Auto Reload
Other charges

AUTOMATIC REPLENISHMENT

- Php500.00
- Php1, 000.00
- Php2, 000.00
- Php3, 000.00
- Php4, 000.00
- Php5, 000.00
- Others (please. Specify amount) Php _____

✓ _____
Printed Name and Signature of Easytrip Account / Credit Card Holder

Contact No. _____

_____ Date:

✓ _____
Printed Name and Signature Credit Card Holder

Date: _____

FOR POS-SA/ ESC-POS USE ONLY:

RECEIVED BY: _____
LOCATION: _____
DATE: _____

Requirements:

- ✓ Photocopy of Credit Card (Front Only)
- ✓ Photocopy of Valid ID
- ✓ Authorization Letter (if needed)
- ✓ Processing time 2-3 working days

FOR ESC USE ONLY:

Signature Verified By:
Approved By:

**Please fax accomplished form and requirements to 5557575 option 3 or Email to support@easytrip.ph
NOTE: INCOMPLETELY FILLED OUT FORMS WILL NOT BE PROCESSED.**