

American Express Autopay Service Enrollment Form

I hereby authorize the Establishment(s) noted below to directly charge monthly fees and airtime charges on the below marked services to my American Express Card and/or American Express Credit Card Account, and irrespective of whether the services concerned are purchased in my name or the names of third parties.

(Please insert **X** in the in front of your selected Establishment)

Mobile Phone*

 **Advance Info Service Plc.**
GSM Easy Payment terms and conditions apply.

1. Billing Account No.
Mobile Phone No.
Registered Name _____

2. Billing Account No.
Mobile Phone No.
Registered Name _____

3. Billing Account No.
Mobile Phone No.
Registered Name _____

 **True Move Co., Ltd.**

1. Billing Account No.
Mobile Phone No.
Registered Name _____

2. Billing Account No.
Mobile Phone No.
Registered Name _____

3. Billing Account No.
Mobile Phone No.
Registered Name _____

 **Total Access Communication Plc.**
Due to information system limitations, DTAC SMEs numbers cannot be charged utilizing the Autopay Service.

1. Billing Account No.
Mobile Phone No.
Registered Name _____

2. Billing Account No.
Mobile Phone No.
Registered Name _____

3. Billing Account No.
Mobile Phone No.
Registered Name _____

 **Hutchison CAT Wireless Multimedia Ltd.**
Autopay service shall not be applied for juristic person.

1. Billing Account No.
Mobile Phone No.
Registered Name _____

2. Billing Account No.
Mobile Phone No.
Registered Name _____

 **Digital Phone Co., Ltd.**

1. Billing Account No.
Mobile Phone No.
Registered Name _____

Cable TV

 **True Visions Plc. (DStv System)**
True Visions Cable Plc. (CAtv System)

Subscriber's Number: _____

Subscriber's Name: _____

System: DStv system CAtv system

Internet

 **KSC Commercial Internet Co., Ltd.**

Customer ID: _____

Customer's Name: _____

Cardmember's name in English (as appears on the Card)

 American Express Card and/or Credit Card Account Number Expiry Date
 3 7 6 3
 Cardmember's Signature (As appears on the Card)

Date (D/M/Y) ____ / ____ / ____

If you wish to receive product and service offers from us via e-mail, please fill in your e-mail address below

E-mail: _____

* Withholding tax shall not be applied for individual person

** In the case of additional telephone number, it is permissible to make a copy of this form