

CONFIDENTIAL

When you fill in information in this form, we will treat it as a confidential document.



an NTT Communications Company

Payment Method Update Form

Company Name: _____

Contact Person: _____ Account Number: _____

Telephone No.(Office/Mobile): _____ / _____ Fax No.: _____ E-mail: _____

<A> Services Type: (Please check the appropriate box)

- Connectivity Services: Dial Up Broadband Leased Line SecureNet
- vIP-Net Roaming Service Domain Name Hosting
- Co-location Services: Kwai Chung Data Centre BRC
- Hosting Services: TeamWorks TeamWorks Lite TeamWorks(Shanghai) TeamWorks Lite (Shanghai)
- SecureVault SecureFence vIP-FileTransfer Dedicated Server Hosting(DSH)
- Shared Web Hosting MeetingPlaza Hosted Storage Hosted SecureVault Appliance
- Hosted SharePoint Enterprise Backup Service Virtual Server Hosting(VSH)
- Virtual Desktop(VD) Virtual Infrastructure Hosting(VIH)
- Managed Services: Managed Service ITMS AFM Dedicated Router Dedicated Load Balancer
- Dedicated UTM Dedicated WPA Dedicated Switch Dedicated Firewall
- Security Services: SSL VPN Gateway MagicConnect
- Solution Package: vIPSec HK Gateway vIP Hosting Internet Security Gateway
- Others: Please specified: _____

** Payment Method Update**

We hereby request to update payment method as below (choose one option only):

- paid by cheque paid by credit card update credit card information

I hereby authorize HKNet Company Limited to debit the following credit card account (including after the expiry of the credit card) for the service fee payable under my HKNet account until further written notice.

Type of Credit Card (please tick one) VISA Master Card JCB Card

Name of Credit Card Holder: _____ Credit Card Account No. _____

Signature of Credit Card Holder _____ Expiry Date _____ / _____ (MM/YY)

Important Note : Please attach copies of the Credit Card holder's identity card / passport and credit card together with a copy of the Business Registration Certificate . These copies will be only used for verification of data purpose.

<C> Email Address for receiving invoice: _____

<D> Effective Date: On _____ /DD _____ /MM _____ /YY (please allow 3 working days for processing)

Authorized Signature with Company Chop

Date

If you have any inquires, please feel free to contact your account manager.
Please fax the completed form to 2110 0087.