



DSI Telecom Hong Kong Co., Ltd.
 Suite 1408,14/F., Capitol Centre,
 No. 5-19 Jardine's Bazaar, Causeway Bay,
 Hong Kong
 Tel : 2887-5299 Fax : 3427-9366
 info@dsitelecom.com.hk

< ご利用申込書 Application Form >

○ お客様情報 Customer Information

| | | | | | |
|--|--|--|-------------------------|---|--|
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Company | | Name in English (First / Family) お名前(英語) | | 日本語(Name in Japanese) | |
| 請求書送付先住所 Billing Address in Hong Kong | | | | | |
| ご連絡先 Tel No. | | Fax No. | | <input type="checkbox"/> Hong Kong ID. No. No. <input type="checkbox"/> Passport No. <input type="checkbox"/> Business Registration No. | |
| E-mail Address | | | 担当者名(法人) Contact Person | | |

○ お申込み電話番号 Telephone Number/s to be registered (記入欄不足の場合は別紙にてお送りください)

| | | | |
|--------------|---|---|---|
| 例 2887- 5299 | ① | ② | ③ |
| ④ | ⑤ | ⑥ | ⑦ |

○ お支払い方法 Payment Method

| | |
|--|---|
| <input type="checkbox"/> Bank Autopay (for Private or Company) 個人 / 法人用 <input type="checkbox"/> 口座振替依頼書は後日ご郵送いたします | <input type="checkbox"/> Check (for Company Only) 法人用 法人のお客様のみ小切手でのお支払いが可能です |
|--|---|

ANA Mileage No. _____

○ 同意書 Declaration

<Terms & Conditions>
 I / We herewith apply for the telecommunication services (Services) of DSI Telecom Hong Kong Co., Ltd. / trading as Japan TeleNetwork Systems (DSI) for all telephone number/s listed above. Upon DSI's acceptance of application I / We agree to be bound by the terms and conditions listed below (the Agreement).
 1 I / We authorize DSI and any telecommunication carrier/s involved in the supply of the Services to me to:
 <a> obtain any credit agency report containing my / our credit information
 make independent inquiries of third parties concerning my financial standing, such third parties being hereby authorized to provide such information regardless of any confidentiality or privilege that applies to the information sought
 2 DSI's liability to me is absolutely limited to the refund of payment /s and / or re-supply of these services. It is expressly agreed that all direct, indirect, consequential, opportunity or other costs in anyway arising are specifically excluded under this Agreement.
 3 I / We understand that should any problem arise relating to my service / s that I agree to first provide DSI with all information and every opportunity to rectify the problem / s
 4 This Agreement shall remain in force until I provide fourteen (14) days notice by fax or in writing to terminate this Agreement. I understand that the administrative process to change carriers is outside DSI control and that DSI obligations to me in this respect are limited to DSI best reasonable endeavors.
 5 In applying for the Services from DSI I authorize DSI to choose all / any carriers to provide the Services to the above telephone number / s.
 6 I / We have responsibility for terminating the above telephone line / s you go out of use.
 I / We attest to reading, understanding and accepting these Terms and Conditions. I / We have the authority to accept this Agreement and request these changes.

| | |
|----------------------------|-------------|
| ご署名 Signature of Applicant | 日付 Date / / |
|----------------------------|-------------|

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|-------------------|--------|
| OFFICE USE ONLY | |
| Received Date / / | AC No. |