



## MAIL ORDER TEL ORDER (MOTO)

### PAYMENT AUTHORISATION INSTRUCTIONS

(To be completed by credit card holder. 只供信用卡持卡人填写)

PARTICULARS OF CARDHOLDER 信用卡持卡人资料
Name 姓名 _____
NRIC No 身份证号码 _____
Contact No. _____

MY CREDIT CARD DETAILS 信用卡资料				
Card No 信用卡号码 <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table> CCV No. (Last 3 digit number on back of card) 信用卡背面最后三个号码				
Expiry date 截至日期 <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>				
Card Issuing Bank 发卡银行 : _____				
Visa 威世卡 <input type="checkbox"/> MasterCard 万事达卡 <input type="checkbox"/>				

### EPP - EASI PAYMENT PLAN FORM 简易信用卡付款表格

MOBILE MONEY
Merchant No: 56301199
SENT TO <56301199> <Amount> <MMPIN> <Details>
<b>SMS to 66123</b> *<Details> may key in up to 40 characters. (EPP=6,12,24,26 Months)
INFORMATION ONLY. NEED NOT submit MOTO Form. 注: 不需呈交此表格

12 Months Installment
<input type="checkbox"/> <b>CIMB</b> (Min RM1,200)
<input type="checkbox"/> <b>RHB / HONG LEONG</b> (Min RM1, 000.00)
<input type="checkbox"/> <b>(Card Holder MUST be Present)</b>
<input type="checkbox"/> <b>MAYBANK</b> (Max RM 10,000.00)

Online Deposit Bank List
<b>MM NETWORK SDN BHD</b>
* <b>MAYBANK: 5142 3531 9069</b>
* <b>CIMB: 1466 0000 263056</b>
* <b>RHB BANK: 214 3700 0014 026</b>

**\*6% interest will be charge for credit card Installment Plan\***  
**\*\*8% interest will be charge for mobile money Installment Plan\*\***

### PARTICULARS OF PURCHASE 购买货品资料

I hereby agree and authorize your company to debit my credit card as above:

Distributor Name & Code	Particulars of purchases	Total Amount (RM)	Approval Code	For office use only (Cash Bill No)

本人同意及授权贵公司在本人的信用卡帐户扣除以上款项:

Signature of Card Holder 信用卡持卡人签名  
 Name 姓名 \_\_\_\_\_  
 Distributor Code 传销商编号 \_\_\_\_\_

DELIVERY ADD:

Date 日期 \_\_\_\_\_  
 Tel No 电话号码 \_\_\_\_\_

Submitted by : \_\_\_\_\_ Name : \_\_\_\_\_ Dist Code : \_\_\_\_\_

**Office use:**

Version 01/01/2010

Received by: \_\_\_\_\_ Transacted by: \_\_\_\_\_ Filed by: \_\_\_\_\_