

طلب للخصم المباشر من بطاقات الإئتمان
Auto Debit/Credit Card Instruction Form

Date DD / MM / YYYY التاريخ

Customer Name _____ الاسم
Premises No. _____ عقار رقم
Account No. _____ حساب رقم
Contact No. _____ هاتف رقم
Billing Address _____ العنوان الحالي

Customer's Bank Account Number _____ رقم الحساب البنكي للعميل

Date you wish the payment to be debited from your account _____ تاريخ الإقتطاع المرغوب فيه

STANDING INSTRUCTION FOR CREDIT AUTHORISATION

I hereby authorize Alpha Utilities Management Services LLC to debit their monthly bills from my credit/debit card account.

Every month Alpha Utilities Management Services LLC will charge their bill amount from my credit/debit card. The entire amount of my monthly bills related to connection, consumption, demand charges, meter charges and /or related expenses on account of these instructions shall be valid and binding for the validity period and subsequent renewal period of the card account unless and until rescinded by me in writing to the bank and Alpha Utilities Management Services LLC.

Customer's Bank Account No.

IBAN No.

CUSTOMER INFORMATION

Should be debited to my Visa Master
Credit Card No.
Expiry Date /
Issuing Bank _____
Name of the Card Holder _____
Date of Birth / /
Security Code

Please attach a scan of the card (front and back) and a copy of the client passport.

BILLING INFORMATION

Telephone No. _____ Mobile No. _____
Billing Address _____
P.O. Box _____
E-mail
(Please type in CAPITAL letters)

Name (As appearing on the card)

Signature (As appearing on the card)