

ACCOUNT OPENING FORM

Thank you for enquiring into our services. We look forward to servicing you. Please fill in the following information for setting up a new account.

Clinic information						Lab Use
Name	(English)					
	(Chinese)					
Address	(English)					
	(Chinese)					
Opening hours		E-mail				
Telephone		Fax		Mobile		
Contact person		Mobile		Position		
Any Clinic Software? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Physician information						Lab Use
Name	(English)			Mobile		
	(Chinese)			E-mail		
Name	(English)			Mobile		
	(Chinese)			E-mail		
Name	(English)			Mobile		
	(Chinese)			E-mail		
Billing information (if different from above)						
Name	(English)					
	(Chinese)					
Address	(English)					
	(Chinese)					
Billing contact		Position		Mobile		
E-mail	Telephone		Fax			
Payment method						Lab Use
<input type="checkbox"/> Bank Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card (Fill in authorization)						

Documents required for account application

1. Business Registration (BR)
2. Clinic and Physician name cards

Please kindly send all documents and completed application form to

E-mail: newac@pathlabhk.com or **Fax: 3983 1810**

Enquiry: Tel: 3983 1830

Date for starter kit delivery: _____

Authorized signature & clinic chop: _____ Date: _____

28/F Lee & Man Commercial Center, 169 Electric Rd., Fortress Hill, HK
 1802 Melbourne Plaza, 33 Queen's Rd., Central, HK
 1810 East Point Centre, 555 Hennessy Rd., Causeway Bay, HK
 1215 Argyle Centre, Phase I, 688 Nathan Rd., Mongkok, Kln
 803 H Zentre, 15 Middle Rd., Tsim Sha Tsui, Kln

香港炮台山電氣道169號理文商業中心28樓
 香港中環皇后大道中33號萬邦行1802室
 香港銅鑼灣軒尼詩道555號東角中心1810室
 九龍旺角彌敦道688號旺角中心第一期1215室
 九龍尖沙咀中間道15號803室

Tel: 3983 1800 Fax: 3983 1811
 Tel: 3651 1200 Fax: 2526 6560
 Tel: 3651 1100 Fax: 2891 3803
 Tel: 3651 1000 Fax: 2398 1695
 Tel: 2813 2630 Fax: 2813 2631



CREDIT CARD DIRECT DEBIT AUTHORIZATION FORM

Application:

Please complete the following information and attach a copy of the front and back of your card for bank's verification. Please be ensured that all credit card copies will be destroyed after verification.



Confidentiality:

The Lab will maintain confidentiality of any personal data provided in this form. Data will only be used for the purpose of applying credit card debit authorization for laboratory fees.

Consent:

I authorize PathLab Medical Laboratories Limited (PathLab) and / or CytoLab Pap Test Screening Centre Ltd. (CytoLab) to charge my credit card on the 25th day of each month (including after the expiry of the card) for the balance of laboratory fees due to the Lab until further notice. I agree that if I wish to cancel this authorization, I will notify the Lab before the 15th day of the same month of billing.

Credit Card Details: (Please fill in Block Letters)

Card Type	<input type="checkbox"/> Visa Card 	<input type="checkbox"/> Master Card 
Credit Card No.	Card Expiry Date (DD/MM/YYYY)	
Cardholder's Name	Card Issuing Bank	
Cardholder's Daytime Telephone No.	PathLab or CytoLab Account Name / Account No. (If Any)	
Cardholder's Signature	Doctor's Signature / Clinic Chop	
<i>I confirm the above signature corresponds to the specimen signature on my credit card.</i>		Date: _____

For Official Use Only:

Checked by	Date Received (DD/MM/YYYY)
Verified by	Date Start
Comments	

Please fax or mail this application form to us for immediate service of the coming month:

PathLab Medical Laboratories Limited
 28/F., Lee & Man Commercial Centre
 169 Electric Road, Fortress Hill Hong Kong
 Tel: 3983 1850 Fax: 3983 1813 (Accounts Dept.)

SETTLE YOUR LAB FEE BY CREDIT CARD & ENJOY THE REWARDS PROGRAM



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