

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 (shown on Report)						Lab Use	
Name	(English)						
	(Chinese)						
Address	(English)						
	(Chinese)						
Opening hours		E-mail					
Telephone		Fax		Mobile			
Contact person		Mobile		Position			
Any Clinic Software? ☐ No ☐ Yes							
Physician information						Lab Use	
Name	(English)	Mobile		Specialty			
	(Chinese)	E-mail					
Name	(English)	Mobile		Specialty			
	(Chinese)	E-mail					
Name	(English)	Mobile		Specialty			
	(Chinese)	E-mail					
Billing information (shown on invoice)						Lab Use	
Name	(English)						
	(Chinese)						
Address	(English)						
	(Chinese)						
Billing contact		Position		Mobile			
E-mail	Telephone		Fax				
Payment method							
☐ Bank Transfer ☐ Cheque ☐ 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	香港炮台山電氣道 169 號理文商業中心 28 樓	Tel: 3983 1800 Fax: 3983 1811
1802 Melbourne Plaza, 33 Queen's Rd., Central, HK	香港中環皇后大道中 33 號萬邦行 1802 室	Tel: 3651 1200 Fax: 2526 6560
1810 East Point Centre, 555 Hennessy Rd., Causeway Bay, HK	香港銅鑼灣軒尼詩道 555 號東角中心 1810 室	Tel: 3651 1100 Fax: 2891 3803
1215 Argyle Centre, Phase I, 688 Nathan Rd., Mongkok, Kln	九龍旺角彌敦道 688 號旺角中心第一期 1215 室	Tel: 3651 1000 Fax: 2398 1695
803 H Zentre, 15 Middle Rd., Tsim Sha Tsui, Kln	九龍尖沙咀中間道 15 號 803 室	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 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	☐ Visa Card 	☐ 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 confirm the above signature corresponds to the specimen signature on my credit card.		Date: _____

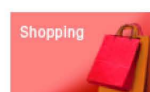
For Official Use Only:

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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