

WhizzCar CORPORATE APPLICATION FORM

NOTE: Please attached a copy of ROC to expedite the application and submit a minimum of 2 Supplementary Applications

THE COMPANY

Company Name	Authorised Capital
Registration No	Paid Up Capital
Business Type	Annual Turnover
Staff Strength	No. of Corporate Users

CONTACT DETAILS

Office Address	Billing Address
Postal Code	Postal Code
Contact No.	E-mail
Fax No.	

AUTHORISED PERSON FOR REFERENCE

Full Name	Position
Dr/Mr/Ms/Mrs/Mdm	E-mail
NRIC/FIN/Passport No	Direct Line

AUTHORISED PERSON FOR BILLING

Full Name	Position
Dr/Mr/Ms/Mrs/Mdm	E-mail Address
NRIC/FIN/Passport No	Direct Line

MODE OF PAYMENT

Please tick where applicable

<input type="checkbox"/> By Credit Card	<input type="checkbox"/> By Giro
Name on Credit Card _____	Name of Account Holder _____
Credit Card No _____	Account No _____
Credit Card Type _____ Visa/ Master/ Diners *	Bank Name _____
Expiry Date _____	Branch _____

DECLARATION

We declare that all information stated herein are true and correct & hereby authorise WhizzCar of Popular Rent a Car Pte Ltd to verify the information in this application with any source that WhizzCar may consider appropriate. We agree that the approval of this application is subject to WhizzCar's own discretion and that WhizzCar reserves the right to reject this application without providing details and information to us.

If We have requested for Supplementary Cards to be issued. The Company shall be liable for all the charges incurred on the Supplementary Cards.

We agree to the terms and conditions by WhizzCar where the said terms and conditions can be obtained upon request, which will be sent to us via snail mail. We agree that any use of WhizzCar's Smart Card / Key Fob will constitute acceptance of the said by-laws, terms and conditions of membership and such variations as WhizzCar may from time to time make. We acknowledge that the one-time entrance fee and monthly membership fee are required and not refundable once my application is processed and approved. The minimum commitment period is 12 months (not applicable for Trial Membership).

Company Stamp _____	Authorised Signature _____
	Name _____
Date _____	Designation _____

FOR OFFICIAL USE ONLY

Principal Applicant <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Supplementary Applicant <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Member ID / Start Date _____	Member ID / Start Date _____
Approved by _____	Approved by _____
Remarks _____	Remarks _____