

Service Account Opening Form

Please fill in all mandatory fields below (**bolded**)

Company Information	
Company Name:	
(in Chinese)	
(in English)	
Email:	Fax:
Phone:	Mobile:
Website:	
Portal Address:	
Business Registration Number:	
Billing Currency:	
Primary Contact	
Name: (in Chinese)	(in English)
Email:	Phone (Direct dial):
Reporting email (skip if same as above):	Mobile:
Route of report delivery: <input type="checkbox"/> email / <input type="checkbox"/> mail	
Primary Billing Contact	
Name: (in Chinese)	(in English)
Email:	Phone (Direct dial):
	Mobile:

*Please also attach a copy of your BR and your professional business card.

Submission Date: _____