**Corporate Account**
**法人用**

# KDDI GLOBAL CARD Application Form

How to subscribe

Please complete this form and send it by fax or by post to the following;
Fax Number – 020 7507 1102
Address – KDDI CALL , Atlas House, 1 King Street, London EC2V 8AU

Please use BLOCK CAPTALS

| | |
|---|---|
| **Company Name** | |
| **Contact Person** | (Title) Mr /Mrs /Ms First Name Surname |
| | Department Section Position |
| | Tel Fax E-mail |
| **Customer Ref. No.** | 01 - E0 - * Please check your Customer Reference Number on your KDDI CALL 127 bill. |

【Card Details】

* Please enter Name of Cardholder (maximum 20 characters including spaces). These characters will appear on the card in addition to the card number and the company name.
* Please enter details of Department / Section if you wish to receive an itemized bill.

| NAME OF CARDHOLDER | DEPARTMENT / SECTION (GROUPING ON THE ITEMIZED BILL) |
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**I, on behalf of the company, have read and agreed to the Terms & Conditions set out by KDDI Europe Limited.**

**Signature** _____ **Date** _____

**Print Name** _____

OFFICE USE ONLY

| Customer Reference No | TAR | INP | SAL | PER |
|---|---|---|---|---|
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