



# KA SHING INTERNATIONAL INDUSTRIAL LTD.

Website : www.ka-shing.com.hk

Tel : 3428 8488

E-mail : cs@ka-shing.com.hk

Fax : 2897 2002

To  
Fax No:  
Total Page(s)  
From:

## Business Computer Maintain Service Request Form

Code:BCMSRF2551

Please complete this form in BLOCK letter and fax to 2897 2002 for **Business Computer Maintain Service Request Form**

### Customer Information

Company Name :	_____	Contact Tel No :	_____
Contact Person :	_____	Contact Fax No :	_____
E-mail Address :	_____	BR. No :	_____
Billing Address :	_____		

### Service Access Plan ( please wherever appropriate )

Maintain Plan Details	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D
6 Monthly Service	HK\$1,180	HK\$1,980	HK\$2,980	HK\$3,980
Business Computer Quantity	3	6	9	unlimited
Hardware & Software Maintain	20 hour free	40 hour free	60 hour free	120 hour free
Hardware & Software Change	Not Include	Not Include	Not Include	Not Include
Over Free Hour Quota	\$70.00 For Hour	\$60.00 For Hour	\$50.00 For Hour	\$40.00 For Hour
Home Computer Quantity	/	5	10	10

### Commitment

Contract Term	6 months	6 months	6 months	6 months
Start Date ( DD/MM/YY)	___/___/___	___/___/___	___/___/___	___/___/___
End Date ( DD/MM/YY)	___/___/___	___/___/___	___/___/___	___/___/___

### Payment ( Please tick for the appropriate one )

#### By Mail

- 1 Mail a crossed cheque payable to "**Ka Shing International Industrial Limited**" with the payment stub to  
28/F., Flat E, Shield Ind., Ctr, 84-92 Chai Wan Kok St, Tsuen Wan, H.K
- 2 Post-dated cheque will not be accepted.
- 3 No receipt will be issued.

#### By Cash

Bank deposit payment should be made to Bank of China

Account Name: **Ka Shing International Industrial Limited**

Account No: 012-602-1-001983-5

### Declaration

By signing below, we/I here by confirm that all information given above is true and correct. We/I agree to be bound by the Service Agreement set forth by KA SHING INT'L IND. LTD.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Authorized Signature & Company Chop: \_\_\_\_\_ Date: \_\_\_\_\_

### For Official Use Only

		For Official Only
Salesman Code: ( Serial Number )	_____	Name _____ Title: _____
Agent Name:	_____	
Order Date:	_____	
Remarks:	_____	
A/C Code:	_____	
Tel / Mobite :	_____	
Fax no.:	_____	