

# PAYMENT FORM



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## Contact Details :

Company Name : \_\_\_\_\_ Company No : \_\_\_\_\_  
Contact Person's Name : \_\_\_\_\_ Designation: \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_ Country : \_\_\_\_\_ Postcode/Zip : \_\_\_\_\_  
Office Tel : ( \_\_\_\_ ) \_\_\_\_\_ Fax : ( \_\_\_\_ ) \_\_\_\_\_ Mobile No : ( \_\_\_\_ ) \_\_\_\_\_  
Email : \_\_\_\_\_

## Usernames (6-8 characters long - alphanumeric only - one for each user)

1 : \_\_\_\_\_ 2 : \_\_\_\_\_ 3 : \_\_\_\_\_ 4 : \_\_\_\_\_ 5 : \_\_\_\_\_  
6 : \_\_\_\_\_ 7 : \_\_\_\_\_ 8 : \_\_\_\_\_ 9 : \_\_\_\_\_ 10 : \_\_\_\_\_

Sales Representative's Name : \_\_\_\_\_

Current [www.cjljlaw.com](http://www.cjljlaw.com) Subscriber

Yes, I would like to subscribe to Mylawbox.

Username : \_\_\_\_\_

Yes, I would like to subscribe for Malaysian Law Modules (Max. 2 per user)

- |  |                                       |                                     |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Public Law |
| <input type="checkbox"/> Labour Law            | <input type="checkbox"/> Banking Law  | <input type="checkbox"/> Land Law   |
| <input type="checkbox"/> Company Law           | <input type="checkbox"/> Medical Law  | <input type="checkbox"/> Tax Law    |
| <input type="checkbox"/> Maritime Law          | <input type="checkbox"/> Family Law   | <input type="checkbox"/> Tort       |
| <input type="checkbox"/> Arbitration           |                                       |                                     |

## Mode of Payment

Subscription amount is based on the details on <http://www.mylawbox.com/subscription.aspx>. Please call us at (603) 4270 5400 and our customer relations executives will gladly assist you.

Cheque ( payable to Mylawbox Sdn Bhd )

Bank : \_\_\_\_\_ Cheque No. : \_\_\_\_\_

Amount (RM) : \_\_\_\_\_

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

Credit Card  Visa  MasterCard

Issuing Bank : \_\_\_\_\_

Credit Card 16 digit number : \_\_\_\_\_

Name on Credit Card (BLOCK LETTERS) : \_\_\_\_\_

Direct Bank Deposit/EFT or fax this form and the deposit slip

Expiry Date on Credit Card : \_\_\_\_\_

Bank in the required amount into the following Mylawbox account :

**Public Bank Berhad Account No. 3128218911.**

Credit Card Holder: I authorise MyLawBox Sdn Bhd to charge the fee of \_\_\_\_\_ to the above credit card.

Signature : .....

## Officer or User of Company: - please read and sign

1. Passwords are issued by Mylawbox Sdn Bhd (545264X) ("Mylawbox") on the basis that they are used solely by the person(s) nominated on this form. Use by any person(s) not nominated on this form is considered a breach of the contract with Mylawbox. Mylawbox has installed security features to detect such abuse. Disclosure of passwords allows others to view all searches and downloads under the account, resulting in the loss of your privileges.

2. The company undertakes to notify Mylawbox of any additions or deletions to the nominated persons on the above list.

3. I agree that Mylawbox Sdn Bhd is not liable for any use or misuse of the information on this site and that I have had read and agreed to the Terms and Conditions at <http://www.mylawbox.com/termscondition.aspx>

\*Mylawbox reserve the right to terminate any user caught abusing the use/disclosure of passwords or breach of contract.

Signature : \_\_\_\_\_ Company Chop : \_\_\_\_\_ Date : \_\_\_\_\_

Name of Officer : \_\_\_\_\_ Company Designation : \_\_\_\_\_