



T 2060 2001
F 2060 2002
@ info@carloh.lu
carloh.lu

**ORDER
FORM**

Please complete, date and sign this form (2/2) and the SEPA/
CORE direct debit mandate (1/1), and return them to:

Carsharing Luxembourg S.A.
Headquarter
61, rue de Bouillon
L-1248 Luxembourg

Reserved for Carsharing Luxembourg S.A.

Customer number: _____ Card number: _____

Personal data:

Last name: _____ First name: _____

N° and street: _____

Postal code: _____ City: _____

Country: _____

Private phone number: _____ Mobile phone number: _____

Professional phone number: _____

E-mail: _____

Date of birth: _____ Place of birth: _____

N° of ID or passport: _____

N° of driving licence: _____

Category of driving licence: _____

Place of issue: _____

Date of issue: _____ Date of new issue: _____

Expiration date: _____

I declare to be in possession of a valid driving license of category B, and I formally agree to immediately inform Carsharing Luxembourg S.A. in case of any suspension / revocation / cancellation of my driving licence.

Contract Data:

Contract valid from: _____

I choose the following rate: **Eco** **Flexi** **Plus**

Activation fees are 29,74 €, and your monthly subscription amount in accordance to the rate you have chosen is: _____ €.

Additional Insurance:

S-Pack limits your financial participation to 250 € in case of a damage. S-Pack is mandatory if you are under 21 years of age. S-Pack has an annual fee of 49,57 €.

I subscribe to the S-Pack *(please indicate if required)*

Payment and billing:

Bank account information

IBAN: _____

BIC code: _____

Holder of account: _____

By signing this order form, you authorise Carsharing Luxembourg S.A. to send instructions to your bank in order to debit your account, and you also authorize your bank to debit your account accordingly to the instructions of Carsharing Luxembourg S.A. You will be able to be reimbursed in accordance to the conditions you signed with your bank. Every request for compensation must be presented at least 8 weeks after the debit of your account.

Billing

I want to receive my bill via e-mail to: _____

I want to receive my bill by mail *(additional cost of 0,99 € per bill).*

I agree to the following conditions:

I am obliged to join to this order form a legible copy of my ID / passport (recto/verso) and of my driving license.

With this registration, I authorise the debit of the activation fee from my account.

I will be invited to a mandatory information session in order to be able to use the cars.

I have already attended an information session dated: _____

I agree to the general conditions, the price list, and I want to order a Carloh access card.
(Under the premise of acceptance by Carsharing Luxembourg S.A.)

Location: _____ Date: _____

Signature:

(Mandatory mention "read and approved")



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EUROPEAN SEPA/CORE DIRECT DEBIT MANDATE

Please complete, date and sign the SEPA/CORE direct debit mandate (1/1) and the order form (2/2), and return them to:

Carsharing Luxembourg S.A. | Headquarter | 61, rue de Bouillon | L-1248 Luxembourg

Creditor identification number: LU47 ZZZ 0000 0000 0000 0001 134

Reserved for Carsharing Luxembourg S.A.

(The direct debit reference will be communicated on your first invoice.)

Direct debit reference: _____

- I authorize Carloh Carsharing Luxembourg S.A. to send instructions to my bank in order to debit my account, and I also authorise my bank to debit my account accordingly to the instructions of Carloh Carsharing Luxembourg S.A. I will be able to be reimbursed in accordance to the conditions I signed with my bank. Every request for compensation must be presented not later than 8 weeks after the debit on my account.

The delay of reimbursement of a non-authorized debit is 13 months.

Last name: _____ First name: _____

N° and street: _____

Postal code: _____ City: _____

Country: _____

Name of your bank: _____

BIC code: _____

IBAN: _____

Country of creditor: _____

Payment type: _____ Payment: unique recurrent

Location: _____ Date: _____

Signature:

(Mandatory mention "read and approved")