



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 at **info@carloh.lu**, or per slow mail to:  
 Carsharing Luxembourg S.A.  
 61, rue de Bouillon  
 L-1248 Luxembourg  
 We will contact you as soon as we receive the documents.

### 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: \_\_\_\_\_



### Contract Data:

Contract valid from: \_\_\_\_\_

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

Activation fees are 30,00 €, 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 50,00 €.

I subscribe to an annual S-Pack that is renewed automatically unless I indicate something else.  
*(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 email. \_\_\_\_\_
- I want to receive my bill by mail *(additional cost of 1,00 € per bill)*.

### I agree to the following conditions:

- 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
- With this registration, I authorise the debit of the activation fee from my account.
- 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 at [info@carloh.lu](mailto:info@carloh.lu), or per slow mail to:  
 Carsharing Luxembourg S.A.  
 61, rue de Bouillon  
 L-1248 Luxembourg  
 We will contact you as soon as we receive the documents.

**Carsharing Luxembourg S.A. | Headquarter | 61, rue de Bouillon | L-1248 Luxembourg**  
**Identification du créancier : 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»)*