



Federal Express Corporation
8th Floor, Green Tower, 3656/22-23
Rama IV road, Klongton, Klongtoey
Bangkok 10110 Thailand
FedEx Hotline: 1782 or 1800-236-236

PERSONAL SHIPPING ACCOUNT APPLICATION FORM

Part I – Customer Contact Information

Salutation: Mdm / Mr. / Mrs. / Ms / Dr _____
Delete whichever appropriate or specify

Given Name: _____

Family Name: _____

Identity Card / Passport / Working Permit No: | | | | | | | | | | | | | | | | | | | | | |
Delete whichever appropriate

Address (Residential / Business) _____
Delete whichever appropriate. If business, please specify company's name

Contacts:
To include area code

Mobile: (____) _____

Office: (____) _____

State: _____

Home: (____) _____

Postal Code: _____

Fax: (____) _____

Email: _____

Our customer service representative will call you to obtain the credit card details for the Personal Shipping Account creation upon receiving this form ("Authorised Credit Card").

I acknowledge that I am responsible for all shipping charges, duties and taxes and all other amounts due and payable to Federal Express Corporation and its affiliates. I agree to pay all such amounts promptly and hereby authorize Federal Express Corporation or its affiliates to charge such amounts to the Authorised Credit Card and to take all actions and to complete all necessary documentation to obtain payment from the relevant credit card company. I warrant that the details of the Authorised Credit Card are correct and that the credit card is valid and has not been withdrawn or cancelled.

I agree that FedEx has the absolute discretion to decline my application without giving any reason and retain documents submitted as property of FedEx, and that FedEx reserve its right to suspend account for reasons wholly within FedEx discretion including but not limited to misuse, abuse and non-settlement of payments.

I agree to indemnify Federal Express Corporation and its affiliates for all costs, expenses or loss in connection due and payable to Federal Express Corporation or its affiliates.

Thank you.

Account Holder Signature (same as signed on card)

Date: ____/____/____
Month Date Year

Please fax this completed form to 66 - 2240 - 1411 along with a clear copy of:

- i. Front and back copy of identity card or passport
- ii. Work Permit or Permanent Residence documents for foreign passport holders