



SUBSCRIPTION FORM

DATE OF ENROLLMENT : _____

SUBSCRIBER'S NAME : _____

MOBILE NUMBER : _____

EMAIL ADDRESS : _____

VEHICLE MAKE & MODEL : _____

VEHICLE COLOR & YEAR : _____

PLATE NO or CONDUCTION NO. : _____

I hereby certify that the information provided above is true, correct and complete. I voluntarily disclose my personal information for the fulfillment of my Autosweep RFID account management. I understand that any false, misleading, incorrect or withheld information may cause the disapproval or termination of the contract for the Autosweep RFID Services.

I have read and clearly understood the terms and conditions found at www.autosweep.rfid.com and freely and voluntarily agree to be bound by this agreement.

SUBSCRIBER'S NAME & SIGNATURE

TO BE FILLED OUT BY AUTOSWEEP RFID PERSONNEL

TAG NUMBER		ATG ACCT. NO	
		ATG CARD NO.	
		TAG PLACEMENT: <input type="checkbox"/> Windshield <input type="checkbox"/> Headlamp	
DATE	LOCATION	CSR's Name & Signature	Installer's Name & Signature