

# Payment Order Form

## ITURAN

Vehicle Communication, Protection  
and Tracking  
Public Company 520043811

Dear customer,

Subscription fee for services	Amount of each payment in NIS, incl. VAT	Please send invoice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"><li>Debit of the sum from your account will constitute confirmation of payment and no further proof is needed.</li><li>Ituran hereby undertakes not to debit monies in excess of the subscription fee, as periodically updated.</li></ul>
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Subscription fees, for the requested services, are payable to Ituran via monthly debits linked to the US dollar. You may choose from two payment methods. Select the charge method as appropriate (indicate choice with an X):

- ☐ **A debit order via your credit card - subscription fees will be charged via your credit card.**
- ☐ **Standing order to debit your bank account - subscription fees, charged via standing order, will be collected by Ituran on the 30th of each month.**

### Charging via credit card

To <b>Ituran Tracking and Control Ltd.</b> 3 Hashikmah Street Azur Industrial Zone 58001	Name of card owner (last name and first name)	I.D.																
	Address:										Telephone:							
Customer ID no. at the company	Type of credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Isracard <input type="checkbox"/> American Express <input type="checkbox"/> Diners <input type="checkbox"/> Other																	
	Card number																Validity ____/____	

1. I, the undersigned, hereby grant you standing authorization to charge my account, above, on a monthly basis, via the credit card whose details are noted above, to the amounts I owe or will owe you in relation to the services you provide. The charge, as said, will be executed by you by notifying the credit company.

2. This voucher is signed by me without noting the number and amounts of the payments, as you are authorized by me to periodically transfer to the issuer of the card amounts you specify to the card issuer.

3. My authorization may be canceled by my written notification to you. The cancellation will become valid 4 working days after notification is received by you, and will not apply to charges from the account that precede the date on which the cancellation becomes valid.

4. You will charge my account as said, on condition there is no legal or other obstacle to doing so.

5. This authorization will also apply to charges made on a card issued by the credit company and which will bear a different number, as an alternative to the credit card whose number appears above.

Date \_\_\_\_\_

Signatures of account holder/s \_\_\_\_\_ x \_\_\_\_\_

### Bank account standing order

<b>Bank Debit Order</b>			
To Bank _____ Branch _____ Branch address _____	Bank account number	Account type	Clearing house code
			Branch Bank
	Institution code	Document/Customer ID no. in the company	
	26687		

1. I, the undersigned \_\_\_\_\_

Name of account holder/s as they appear in the bank records \_\_\_\_\_ ID no./Company reg. No. \_\_\_\_\_

Street	No.	Town	Zip	Telephone
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hereby issue an instruction to you to charge my/our account at your branch for services to the amounts and at the times to be given to you, periodically, via magnetic means, by Ituran Tracking and Control Ltd., as detailed below in the "Authorization Details".

2. I am/We are aware that:

a. This order may be cancelled by notification from me/us in writing to the bank and to Ituran Tracking and Control Ltd. that will become valid one business day after giving notice to the bank, and may be canceled in accordance with all legal provisions.

b. I/we may cancel a specific debit in advance, on condition that I/we notify the bank of such in writing, at least one business day before the date of debit.

3. I am/we are aware that the details noted and completed in the authorization represent subjects I/we are bound to arrange with the beneficiary.

4. I am/we are aware that the debit amounts in accordance with this authorization will appear on the account statements and that I/we will not receive special notice from the bank with regard to these debits.

5. The bank will act in accordance with the written instructions of this authorization, on condition the state of the account permits this, and on condition there is no legal or other obstacle to doing so.

6. The bank may exclude me/us from the detailed arrangement in this authorization bill, if it has reasonable cause, and will so notify me/us immediately after the decision is made, indicating the reason.

7. Please confirm to Ituran Tracking and Control Ltd., in the adjoining counterfoil, the receipt of these instructions from me/us.

Date \_\_\_\_\_

**The amount and date of the debit will be determined periodically by Ituran Tracking and Control Ltd.**

Signature of account holder/s \_\_\_\_\_ x \_\_\_\_\_

To  
**Ituran Tracking and Control Ltd.**  
3 Hashikmah Street  
Azur Industrial Zone 58001  
Fax: 03-5571327

**Bank Approval**

Bank account number										Account type				Clearing house code					
														Branch		Bank			
Institution code										Document/Customer ID no. in the company									
26687																			

We have received instructions from Mr./Ms. \_\_\_\_\_ to honor debits to the amounts and at the times that will appear on magnetic media that you present to us periodically, and which will include his/her/their bank account number, and all as described in the authorization bill. We have noted the instructions, and we will act accordingly on condition that the account status allows this, and on condition that there is no legal or other obstacle to this, on condition that we have not received a written cancellation instruction from the account holder/s, or on condition that the account holder/s has/have not been removed from the arrangement. This approval will not detract from your obligations to us in accordance with the indemnification bill signed by you.

Date \_\_\_\_\_

Bank signature and stamp \_\_\_\_\_

Branch \_\_\_\_\_

Sincerely,

White copy - will be sent to the bank. Blue copy - to the customer. Green copy - to Ituran.