



SUBSCRIBER FORM

PT. INDOTENDER

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Web-site : www.indotender.com

This notice will become a tax invoice on receipt of your payment. Please keep for your records.

Company Name	:	_____	NPWP	:	_____
Office Address	:	_____			
		_____	Postcode	:	_____
Mailing Address	:	_____			
		_____	Postcode	:	_____
Contact Name	:	_____	Position	:	_____
Telephone	:	_____	Mobile	:	_____

SUBSCRIPTION DETAILS:

E-mail/Contact	:	_____	_____
		_____	_____
		_____	_____
Category/Sector	:	_____	_____
		_____	_____
		_____	_____
Province/Region	:	_____	

Start Date	:	<input type="text"/>	End Date	:	<input type="text"/>	Amount	:	<input type="text"/>
						PPN	:	<input type="text" value="0"/>
						TOTAL	:	IDR <input type="text"/>

SERVICE AUTHORISATION:

Please provide a subscription to the services shown above.
I have read and accept the Conditions of Agreement below:

Name	:	_____	Signature	:	_____
Position	:	_____	Date	:	_____

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PAYMENT ADVISE:

Payee	:	PT Indotender	Payer	:	_____
Bank	:	BCA	Payment Type	:	<input type="checkbox"/> Transfer <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Cheque
BSB	:	Panglima Polim Jakarta	Validation Code	:	_____
Account	:	5660305728	Date	:	_____ (dd/mm/yy)

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