

PT. BUANA LINTAS MEDIA

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FORMULIR PENDAFTARAN BERLANGGANAN (Subscription Form) SOFTWARE & INTERNET SERVICE PROVIDER

lsi dengan huruf cetak / Fill In with capital letter Beri tanda ✓ pada kotak pilihan / Please tick in appropriate box			
		No. FPB :	
		No. CID:	
JENIS PERMINTAAN			
Jenis permintaan / Type of Order	New Instalation Upgrae	de Down grade Renewal	
INFORMASI PERUSAHAAN	PELANGGAN / Customer I	nformation	
Nama Perusahaan / Company Name	2		
Group Perusahaan / Company Group	0		
Jenis Usaha / <i>Type of Business</i>			
Alamat / Address			
	Kota / City	Kode Pos / Zip Code	
Provinsi / <i>Province</i>			
Alamat Situs / Situs Address			
Alamat Email / <i>Email Address</i>			
NPWP / Tax Registered Number			
Telepone / <i>Phone</i>	Kode Area / Area Code Nomor /	or / <i>Number</i>	
Fax / Phone	Kode Area / Area Code Nomor /	Number	

FORMULIR PENDAFTARAN BERLANGGANAN (Subscription Form) SOFTWARE & INTERNET SERVICE PROVIDER

PENANGGUNG JAWAB PERUSAH	AAN / Authorized Person	
Nama / Name		
Tempat, Tanggal Lahir / Place, Date of Birth	<u></u>	
Jabatan / <i>Position</i>		
Telepone / Phone	Kode Area / Area Code Nomor / Number	
Kartu Identitas / ID Card	□KTP□KIM_S□SIM□PASPOR	
Masa Berlaku / <i>Valid Until</i>		
Alamat Email / Email Address		
ALAMAT PENAGIHAN / Billing Ac	Idress	
PENANGGUNG JAWAB KEUANGA	N / Financial Authorized Person	
Nama / <i>Name</i>		
Bagian / <i>Departement</i>		
Jabatan / <i>Position</i>		
Telepone / <i>Phone</i>	Kode Area / Area Code Nomor / Number	
Fax / Phone	Kode Area / <i>Area Code</i> Nomor / <i>Number</i>	
Handphone		
Alamat Email / Email Address		
ALAMAT DENACHIAN / BW		
ALAMAT PENAGIHAN / Billing Ac	auress ———————————————————————————————————	

FORMULIR PENDAFTARAN BERLANGGANAN (Subscription Form) SOFTWARE & INTERNET SERVICE PROVIDER

PENANGGUNG JAWAB TEKNIS / Technical Authorized Person		
Nama / Name		
Bagian / Departement		
Jabatan / Position		
Telepone / Phone	Kode Area / Area Code Nomor / Number	
Handphone		
Fax / Phone	Kode Area / Area Code Nomor / Number	
Alamat Email / Email Address		