pt. flexo plate digital

CUSTOMER FORM - APPLICATION

DI ISI OLEH PELANGGAN (FILLED BY CUSTOMER)

INDUSTRY TYPE
(BIDANG INDUSTRI)

COMPANY NAME
(NAMA PERUSAHAAN SESUAI DENGAN NPWP)

COMPANY ADDRESS
(ALAMAT PERUSAHAAN SESUAI DENGAN NPWP)

TELEPHONE

FAX NO.

CITY (KOTA)

STATE (PROPINSI)

ZIP CODE (KODE POS)

COUNTRY (NEGARA)

COUNTRY CODE
(KODE NEGARA)

CONTACT PERSON

E-MAIL ADDRESS

NPWP

NO. PKP

TERM PAYMENT
(JANGKA WAKTU PEMBAYARAN) (DAYS/HARI)

DELIVERY ADDRESS (1)
(ALAMAT PENGIRIMAN)

CITY (KOTA)

TELEPHONE

FAX NO.

DELIVERY ADDRESS (2)
(ALAMAT PENGIRIMAN)

CITY (KOTA)

TELEPHONE

FAX NO.

COLLECTION ADDRESS
(ALAMAT PENAGIHAN)

COLLECTION DAY / HARI PENAGIHAN
① MONDAY ② TUESDAY ③ WEDNESDAY ④ THURSDAY ⑤ FRIDAY ⑥ .....

PAYMENT DAY / HARI PEMBAYARAN
① MONDAY ② TUESDAY ③ WEDNESDAY ④ THURSDAY ⑤ FRIDAY ⑥ .....

PAYMENT METHODE / CARA PEMBAYARAN
① CASH ② GIRO ③ BANK TRANSFER ④ L/C ⑤ DP AT SIGHT ⑥ TT ⑦ .....

Application Date / Tanggal Aplikasi	Signature, Company Stamp (Ttd Pelanggan, Cap Perusahaan)