



PT. Exabytes Network Indonesia
Cyber 2 Tower, Lantai 30, JL. HR Rasuna
Said X5 No. 13, Jakarta Selatan, 12950
Email : billing@exabytes.co.id
Website : www.exabytes.co.id

Credit Card Authorization Form

Please fax this document together with both sides of your credit card and driving license to billing@exabytes.co.id. For inquiries, please email sales@exabytes.co.id

Contact Information

Company: _____
Primary Contact: _____
Address: _____
Address 2: _____
City: _____ State: _____
Zip: _____
Phone: _____
Fax: _____
E-mail: _____

Payment Information

Company: _____
Name on Credit Card: _____
Billing Address 1: _____
Billing Address 2: _____
City: _____ State: _____
Zip: _____
Phone: _____
Fax: _____

Credit Card Number: _____
Credit Card Type: Master Card/ VISA/ Discover/ AMEX. Expiration Date: _____
Invoice No: _____ Amount: _____

() I agree to the terms of services and hereby authorize PT. Exabytes Network Indonesia or her Credit Card Processor Agent, (DOKU) to charge to my credit card for my invoices.

Signature: _____
Printed Name: _____
Title: _____