



Partner Code :

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PARTNERSHIP INFORMATION FORM

PARTNER PROFILE

Company Name :

Company Group :

Address :

City : Zip Code.....Country.....

Phone : Fax

Email : Website.....

BILLING INFORMATION

Same as company's address : No Yes (if no, fill in below information)

Billing Address :

City : Zip Code.....Country.....

Phone : Fax

Email :

Required Document for Invoicing : Original invoice Receipt / kwitansi

Faktur Pajak Purchased Order Delivery Note

Type of payment : Transfer Giro Cash

SHIPPING INFORMATION

Same as company's address : No Yes (if no, fill in below information)

Shipping Address :

City : Zip Code.....Country.....

PT. VETTRA SOLUSI INDONESIA

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