



PT. ENAGIC INDONESIA

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Alternate Payer Form

I, (Name).....Business Partner ID or KTP No.....,

am paying for.....(the buyer), in the amount of IDR.....

Alternate Payer's Signature

_____/_____/_____
Date (DD/MM/YYYY)

***Kindly fill up the details:**

*Credit Card Number: _____

*Card Type: (Visa) (Master) (Debit)

*Expiration Date: _____

*Installment Plan: (Yes/ No)

*Contact Number: _____

Address: _____
