

CUSTOMER'S INFORMATION

First Name: _____ Last Name: _____

Company Name: _____

Street: _____ City: _____

Postcode: _____ State/Province: _____ Country: _____

Telephone: _____ (Country code) _____ (Area code) _____ (Telephone Number)

(PLEASE PROVIDE A CONVENIENT PHONE NUMBER WHEREBY WE CAN CALL YOU EASILY TO VERIFY YOUR DETAILS)

Email address: _____

CREDIT CARD INFORMATION

Card Type: Visa MasterCard American Express

Issued by: _____ (Bank's name)

Cardholder Name: _____
(EXACTLY AS IT APPEARS ON THE CARD)

AMOUNT: _____
INVOICE NO: _____ (If Applicable)

Credit Card No: ---

Expiry date: / CVV: *(CVV is the last 3 digits of numbers printed on the signature field on the reverse side of the credit card)*

PLEASE TAKE NOTE: ANY TRANSACTION MADE BY US WILL BE APPEAR AS FLEXI E-SOLUTIONS PTY LTD IN YOUR STATEMENT.

By signing below, I declare that the information given on this form is true and correct. I agree and is aware that **PT VOFFICE** has the authority to charge my above said credit card for any service(s) render to me as per invoice. I agree to be bound by **PT VOFFICE** Terms and Conditions available online at <http://www.voffice.co.id/terms.html>. I understand that should I dispute a charge through my credit card provider before giving reasonable notice to **PT VOFFICE**, it will constitute a breach of contract and will result immediate of all service(s) rendered by **PT VOFFICE** or any of its subsidiaries.

CARDHOLDER'S SIGNATURE

/ /
(DD/MM/YYYY)