Order Form Bandwidth on Demand

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| --- | --- |
| **Note:** Please provide detailed information so we can provision the service faster. Please scan & email the Order Form, or fax to +62-21-5700580. | Sales Code |

# Customer Information

|  |  |
| --- | --- |
| **Customer Name / Company Name(NPWP/Tax Name):** | |
| Country : | State : |
| City : | District : |
| Subdistrict : | Postal Code : |
| Building Name : | Address : |
| **Customer Main Contact Info** | |
| First Name: | Last Name: |
| Phone : | Mobile : |
| Email : | Title : |

# NPWP / Tax Information

|  |  |
| --- | --- |
| NPWP/Tax ID : | |
| Country : | State : |
| City : | District : |
| Subdistrict : | Postal Code : |
| Building Name : | Address : |

Please attach Tax ID/NPWP for corporate customer, KTP/Passport/ID Card for personal customer

# Billing Information

|  |  |
| --- | --- |
| **Address Information** | |
| Country : | State : |
| City : | District : |
| Subdistrict : | Postal Code : |
| Building Name : | Address : |
| **Contact Information** | |
| Billing First Name : | Billing Last Name : |
| Billing Phone : | Billing Mobile Phone : |
| Billing Primary Email : | Billing Secondary Email : |
| **Invoice Information** | |
| VAT/PPN : VAT A2 VAT A3 VAT A4 VAT A5 | |
| With Holding Tax/ PPh 23 : YES NO | |
| Bill Cycle : MONTHLY BIMONTHLY QUARTERLY  HALFYEARLY YEARLY | |
| Credit Card : Credit Card Authorization Form and Copy of Credit Card (front side only), please  email to **cc\_auto@biznetnetworks.com** | |

# Service Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service Capacity | : | Mbps |  |  |  |
| Service Request Date | : | \_\_/\_\_/20\_\_ until \_\_/\_\_/20\_\_ | Time | : | \_\_\_ : \_\_\_ (AM)/(PM) until \_\_\_ : \_\_\_ (AM)/(PM) |
| Service Type | : | [ ] Daily [ ] Weekly | Total | : | \_\_\_ Day(s)/ Week(s) |
| Additional services:  [ ] Technical Support In Charge  [ ] IP Public | | | Others | : |  |
| We already applied Dual Stack system (IP v4 & v6) on our network and we highly recommend you to add IPv6 to your network. | | | IPv6 Addressing: | : | [ ] Yes [ ] No |
| Service request date | | | Contract terms (min 12 months) | | |
| Monthly Fee (excl. Tax) | | | One Time Setup Fee (excl. Tax) | | |

# Installation Information

|  |  |
| --- | --- |
| **Installation Address** | |
| Country : | State : |
| City : | District : |
| Subdistrict : | Postal Code : |
| Building Code/MDU : | Building Name : |
| Address : | |
| Network Delivery[ ] FTTH GPON [ ] FTTH EPON [ ] METRO GPON [ ] METRO ETHERNET [ ] Others | |
| **Technical Contact Person** | |
| First Name : | Last Name : |
| Phone : | Mobile : |
| Email : |  |
| **Additional Installation Information** | |
| (Please specify in details) | |

# Marketing Information

How do you know Biznet?

|  |  |
| --- | --- |
| [ ] Newspaper: | [ ] Biznet Website |
| [ ] Magazine: | [ ] Search Engine |
| [ ] Radio: | [ ] Referenced by friend/family/colleague |
| [ ] Billboard/Baliho | [ ] Others: |

# Authorization

|  |  |
| --- | --- |
| * We hereby confirm that the information above is true and agree to be bound by Biznet’s Terms and Conditions which written on the proposal of Bandwidth on Demand and we are the authorized to sign the services Order Form. * Biznet has the right to refuse this application without any explanation * Biznet’s Terms and Conditions may change at anytime without prior notice * For credit card payment, we hereby authorize Biznet to charge the credit card for service type we chose. | Signature & Company Stamp Print Name: |
| Date: |