LN-06-002

LETTER OF AUTHORITY

I, the undersigned,

Name : _____

Subcsriber No. : _____

Address : _____

Phone No. : _____

Mobile phone No. : _____

Hereby authorize PT Link Net to debit my **CIMB Niaga Bank Account** or **Credit Card**, based on billing cycle for the payment of monthly subscription fee as well as any other charges reflected in my billing statement. This authority is also valid for extension or replacement of Credit Card/ CIMB Niaga Bank Account.

☐ **CIMB NIAGA BANK ACCOUNT**

CIMB Niaga Card No. _____
Account Holder Name _____

☐☐☐☐☐☐☐☐☐☐☐☐ Account No. of CIMB Niaga Bank

CIMB Niaga Bank Branch _____

Expiry Date _____

☐ **CREDIT CARD**

Credit Card Number ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Expiry date (month/year) ☐☐ / ☐☐☐☐

Name On Card _____

Type of Credit Card ☐ VISA ☐ MASTER ☐ AMEX

This authority is valid and effective unless **a letter of cancellation or notification is received** by PT Link Net (AR Analysis Dept) at least **2 (two) weeks before the 1st date of the month.**

Jakarta, _____

_____
Cardholder's signature

TO: PT Link Net
AR analysis Dept
Bulevar Gajah Mada No. 2170
Lippo Karawaci – Tangerang 15811
TELP: (62-21) 2559 6000
FAX: (62-21) 55 7774 77

ONE TIME CHARGE (Fill this out only if you want a one time charge):

Amount : Rp _____

Remarks : _____

Jakarta, _____

_____
Cardholder's signature

Revision No.: 4
Date: 04 October 2012