

## **Term Of Payment Registration Form**

COMPANY INFORMATION				
Company Name (here in after referred to as "Company")				
Billing Address				
PERSON IN CHARGE ("PIC") CONT	ACT			
, ,	ACI			
, ,	Purchasing Division	Finance Division	Director	
Full Name		Finance Division	Director	
		Finance Division	Director	
Full Name		Finance Division	Director	

### **AGREEMENT CLAUSE**

The Company hereby declares that any Order made by the PIC Contact to PT MONOTARO INDONESIA (hereinafter referred to as "MID") legally binding the Company and the Company agrees to be responsible for any matters arising from such transaction.

Any changes to the information mentioned above must be notified by writing to MID in a manner determined by MID by sending an email to <a href="mailto:cs@monotaro.id">cs@monotaro.id</a>.

In case the Company fails to notify MID by written, MID will deem that the above information remains correct and legally binding the Company.

#### **TERM & CONDITION**

- 1. Company declares this form is signed by Authorized persons of the Company and Company will fully responsible for all consequences arising from any misinformation stated above.
- 2. Term of Payment (hereinafter referred to as "TOP") given facility which includes term and credit limit and also its implementation, which is fully determined by MID.
- 3. MID has the right to postpone and/or to cancel the Order and/or to revoke the TOP facility given due to payment issues from Company or because of certain conditions determined by MID.
- 4. MID will send Invoice and Tax Invoice per Delivery Note/Airway Bill and Company agrees to make payment to MID following the amount and due date as stated in invoice issued by MID.
- 5. Company agrees to follow the Term & Condition as stated in this form included in <a href="https://www.monotaro.id/terms-conditions">https://www.monotaro.id/terms-conditions</a>, which is an integral part of this form.

Authorized Signature for Placing Order	Purchasing Manager/Finance Manager (Include the company stamp)	Director (optional) (Include the company stamp)
Full Name	Full Name	Full Name
Title	Title	Title



## **LEGAL DOCUMENTS**

0	NPWP	(Nomor	Pokok	Wai	jib Pa	iak)
---	------	--------	-------	-----	--------	------

- o NIB (Nomor Induk Berusaha) / SIUP (Surat Izin Usaha Perdagangan)
- o Surat Pemusatan PPN (if any)
- o Delivery Note Confirmation form

# **Delivery Note Confirmation Form**

Please fill in your office start and close time to receive product:

	Monday - Friday	Saturday (optional)
Start Time:		
Close Time:		

Please state if there is mandatory document we should prepare before delivering the products as per your office building regulation:

1)

2)

3)

4)

5)