



Power of Attorney for Credit Card Debit Authorization

(To be completed and signed by the Credit Card Holder)

To be completed for payment using a Credit Card:

I hereby authorize PT Link Net Tbk to debit my Credit Card for the payment of the monthly subscription fees and any other charges listed on my bill. I agree to ensure the Credit Card's active status and sufficient available credit limit for subscription fee payments no later than 1 (one) business day before the monthly billing date to prevent debit failure.

I declare that the information provided is true and accurate.

RECURRING CHARGE ONE TIME CHARGE

Credit Card Number : _____ - _____ - _____ - _____

Validity Period (month/year) : _____ / _____

Name Printed on Credit Card : _____

Credit Card Type : VISA MASTERCARD Other _____

First Media powered by XL Axiata Account Number : _____

Relationship with the Above First Media Account Holder:

Self Spouse Child Parent Sibling Guardian

Other _____

This authorization remains valid unless a cancellation letter or notice is received by PT Link Net Tbk (Finance Department) at least 2 (two) weeks prior to the 1st day of each month.

Date : _____, 20_____

To: PT Link Net Tbk
Finance Department.
Graha Lippo Lt 18, Jl. Boulevard Diponegoro,
Lippo Karawaci, Tangerang
Tel. +6221 55 7777 55

(Signature and Printed Name)

**Please attach a copy of ID card of the Credit Card holder and the Front Side of the Credit Card.*

All Employees and Marketing Personnel are required to maintain the confidentiality of the data in this form and are prohibited from disclosing or disseminating the data without the knowledge and permission of the Company. If this form is found misplaced or not securely stored, please notify Customer Service at 1500 595 or email customer.service@linknet.co.id.

IMPORTANT!
All information, including personal data, provided within this form is strictly confidential and must be protected in accordance with applicable regulations, including the Privacy Policy.