


ALLIANCE BANK

Alliance Bank Malaysia Berhad (88103-W)

Authorization Line: 03-5516 9999

SALES DRAFT/ DRAF JUALAN

**INTEREST- FREE PAYMENT PLAN
PELAN PEMBAYARAN TANPA FAEDAH**

Date / Tarikh: _____

	Product/Service description / Deskripsi produk/perkhidmatan	Amount (RM) / Amaun (RM)
1		
2		
3		
Total purchase amount (RM) / Jumlah amaun pembelian (RM)		

Installment details / Butir-butir ansuran

Merchant Name : IPP-EPP Solution – 12 Month [Merchant ID: 4011 8820]
 IPP-EPP Solution – 18 Month [Merchant ID: 4011 8978]
 IPP-EPP Solution – 24 Month [Merchant ID: 4011 8770]

Instalment tenure / Tempoh ansuran: _____ Month

 Approval Code:

For Bank use only / Untuk kegunaan Bank sahaja

 First Installment Date:
 D D M M Y Y

 Monthly Installment Date: of every month

 Final Installment Date:
 D D M M Y Y

Alliance Bank Cardmember's details/ Butir-butir pemegang kad Alliance Bank

Cardmember's name / Nama pemegang kad: _____

 NRIC no. (new) / No.K.P. (baru):

 Visa/MasterCard no./
 No. kad kredit Visa/MasterCard:

 CVC / Last 3 digit behind the card:

 Card expiry date / Tarikh luput kad: _____
 M M Y Y

 Invoice No:

Cardmember's declaration / Akuan pemegang kad

The amount of the charges recorded hereon were incurred by me subject to the terms and conditions of my agreement with the card issuer and receipt of the service or merchandise is hereby acknowledged by me/
 Jumlah caj saya yang telah direkodkan di sini adalah tertakluk kepada terma-terma dan syarat-syarat perjanjian saya dengan pengeluar kad dan saya mengakui bahawa perkhidmatan atau barangan telah diterima oleh saya.

Cardmember's signature as per card/ Tandatangan pemegang kad seperti dalam kad kredit

X _____



EPP Solution Sdn Bhd
 F-4-1, Jalan Multimedia 7/AG, City Park, i-City, 40000 Shah Alam, Selangor.
 Tel: 603-5521 8968 /8967 /8970 Fax: 603-5521 8969
 Email: info@eppsolution.biz

Customer Purchase Verification Form

Part 1- Contact Information

Name (Mr/Mrs./Ms)* _____ Race _____

I/C No (new) / (old)* _____

Marital Status _____

Mailing Address* _____

Job Title _____

Email Address* _____

State _____ Postcode _____

Household Income*

Contact Info*

Less than RM 25,000

Mobile Phone* _____

RM 25,001 - RM 40,000

Office* _____

RM 40,001 - RM 60,000

Home* _____

RM 60,001 - RM 80,000

Fax* _____

RM 80,001 - RM 100,000

RM 100,001 and above

Part 2- Payment

Purchase Date* _____

Cardholder's Signature*

Total Amount* _____

Product Description* _____

Sales Order No* _____

Approval Code* _____

Credit Card No* _____

(Cardholder's signature as on the credit card)

Issuing Bank* _____

Cardholder's signature & I/C sighted by sales personnel*

Cardholder's Declaration:

I agree to the above charges & I confirm to have received the service and/or merchandize in good condition.

I am fully aware & I understand the payment description will appear as "EPP Solution/RedHot" in my credit card statement.

* I accept a verification through email/sms/phone calls from EPP Solution personnel to understand the use of product(s) and/or service(s) rendered as part of EPP Solution's quality measurement as to improve the credibility of our business suppliers/traders.

* I also would like to receive promotional updates from EPP Solution/RedHot and their business suppliers/traders.

* Fields marked with *asterisk are mandatory and are required to be filled out by cardholder.

For Delivery Fulfillment Use Only

Confirmed By: _____

Date & Time: _____ Location: _____

Sales Delivery No: _____

Self-collection

Delivered

(Supplier Chop & Signature)