

CONTACT INFORMATION UPDATE FORM

JTECH-AC01 v1

Customer Name :			
Co. Reg. No. :		TIN No. :	
Address :			
Contact Person :		Position :	
Phone No. :		Mobile No. :	
E-mail Address :			
Industry :			
Product(s) :	<input type="checkbox"/> AutoCount Accounting <input type="checkbox"/> AutoCount POS / FnB <input type="checkbox"/> AutoCount HRMS <input type="checkbox"/> Cloud Accounting		

Contact Information :

	PIC	Name	Designation	Phone No.	E-mail Address
1.	Business Owner / Director • The legal or primary owner of the company/business				
2.	Finance / Billing Contact • Person in charge of handling financial matters such as invoices, payments, billing				
3.	Subscription / Support Contact • Person responsible for managing software license renewal				
4.	AutoCount System Administrator • Key person who manages and maintains AutoCount system within organization				
5.	AutoCount Program Update • Key person who coordinates AutoCount update				

Notes :

The same contact person may be repeated for multiple roles if applicable.

Customer Signature / Stamp

Name :

Position :

Date :

Company No. 199801002033 (458159-U)

SST No. W10-2212-3210021

TIN. C10273281070