

## AGENCY ACCOUNT TABLE (AAT) REQUEST

AGENCY NAME	:	_____	
AGENCY ADDRESS	:	_____	
		_____	
TOWN / CITY	:	_____	ZIP CODE : _____
PROVINCE / STATE	:	_____	COUNTRY : INDONESIA
CONTACT NAME (S)	:	_____	
PHONE NUMBER	:	_____	
FAX NUMBER	:	_____	
EMAIL ADDRESS	:	_____	
IATA NUMBER	:	_____ (optional)	

**TERMINAL ADDRESS REQUIRED :**

NUMBER OF TERMINAL ADDRESS	:	<input type="text"/>	
NUMBER OF PRINTER ADDRESS (DEFAULT 1)	:	<input type="text"/>	

SUBMIT DATE	:	
REQUIRED INSTALL DATE	:	

**Requested By:**

By signing this form I agree to the terms and conditions for using Galileo System

.....  
 Name :  
 Title :  
 (Company stamp required)

Please submit this AAT to one of our offices below:

**Galileo Indonesia - Jakarta**  
 Jl. Batu Tulis Raya No.2A, Jakarta 10120  
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**Galileo Indonesia - Medan**  
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 Jl. Let.Jen. M.T. Haryono A-1, Medan 20213  
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**Galileo Indonesia - Surabaya**  
 Graha Bumi Surabaya, 5th floor,  
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Or scan and email to : [info@galileoindonesia.com](mailto:info@galileoindonesia.com)