

FAX TO: 6334-0510

2010年度アルビレックスCSR後援会入会申込書

2010 Season Albirex・S CSR Associate Sponsor Application Form

お申込日(dd/mm/yyyy) : / / 2010

御社名 Company Name			
お名前 Full Name	<input type="checkbox"/> Mr.	Signature	
	<input type="checkbox"/> Ms.		
お役職 Position			
ご連絡先 Company Address			
	TEL:	FAX:	

ご契約内容 Contract	<input type="checkbox"/> 新規 / New	合計金額 Total Amount	S\$
	<input type="checkbox"/> 更新 / Renewal		
		お申込口数 Unit	/Unit (\$500)

請求書宛先 Invoice Attn :	<input type="checkbox"/> Account Department	<input type="checkbox"/> Others (Please indicate: _____)
お支払方法 Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Others (Please indicate: _____)

*Cheque should be crossed and made payable to **ALBIREX SINGAPORE PTE LTD**

NOTES

会期はお申込日から2010年12月31日までとします。 / Validity period is from application date until 31st Dec 2010.

Office Use Only

Person in charge :
Invoice No. :
Cheque No. :
Membership No. :
AsiaX No. :

Contact information:

ALBIREX SINGAPORE PTE LTD

21 Jurong East St 31, #04-04, Jurong East Sports Complex,

Singapore 609517 TEL : 6334-0511 FAX : **6334-0510**

e-mail : admin@albirex.com.sg