



FORM REGISTRASI



Nama Vendor : _____

Email : _____

Username : _____

Password (Default) : **12345678**

- Hak Akses** :
- Receiving Report (Regular)
 - Receiving Report (Retur)
 - Certificate of Invoice
 - Print Delivery Instruction (DI)

Supplier / Vendor		PT. Dasa Windu Agung
Pemohon	Atasan	Menyetujui