



Application Form for Credit Account

Name of Company:

** Please provide copies of B.R.**

(in English)

(in Chinese)

Correspondence Address : (in English) :

Correspondence Address : (in Chinese) :

Site Office / Delivery To:

Telephone : Fax :

E-mail : Website :

Date and Place of Incorporation : Number of Employee :

Business Registration No. Nature of Business :

Name of Directors/Partners/Sole Proprietor : Mr./Mrs./Ms.

Persons and Departments to contact relating to place :

Mr./Mrs./Ms. Telephone : E-mail :

Persons and Departments to contact relating payment :

Mr./Mrs./Ms. Telephone : E-mail :

Persons and Departments of the monthly statement should mail to :

Mr./Mrs./Ms. Telephone : E-mail :

Remarks :

All the clients must need to follow the terms and conditions below if your application is being accepted.

1. Should the payment be unable to settle within the said period or no order has been received from your company for two months continuously, your account will be cancelled without prior notice.
2. Invoice(s) must be signed with company chop when goods on delivery or goods collected.

FOR OFFICE USE ONLY

Credit Period : (Day) Credit Account Code :

APPLICANT

ACCEPTED BY

Authorized Signature and Company Chop

Authorized Signature and Company Chop

Name & Title in Block Letter
Date :

Name & Title in Block Letter
Date :

**** Please provide copies of Business Registration Certificate**