

CASH ACCOUNT APPLICATION FORM

1. Please complete all sections of the form in BLOCK LETTERS and tick (✓) the appropriate boxes. Then send this form and enclosures (non returnable) to the above address or visit the nearest Linde sales centres.

2. To enables us to process your application, please provide us with the necessary documents as stated below:

Malaysian Corporate

- Form 9 or 13
- Utility Bill

Sole Proprietorship / Partnership

- Borang 1 or Form D
- Utility Bill

Individual

- Identification Number / Passport
- Utility Bill

3. Applicant is required to pay cylinder deposit, 12 months advance rental for each cylinder and processing fee of RM 50.00.

CUSTOMER INFORMATION

Company Name in Full

Business Registration/Registrar of Company No.

☐ Malaysian ☐ Sole Proprietorship ☐ Partnership ☐ Foreign Corporate

Type of Business

Section 1 - Main Office Address

Street

City

District

Postal Code

Current Premises is ☐ Own ☐ Rented ☐ Mortgaged

Section 2 - Contact Person

☐ Mr ☐ Ms ☐ Mdm ☐ Others

Name

Job Title

Telephone No

Fax No

Function 0 2 office use only

Cont of 0 0 0 2 office use only

Section 3 - Declaration

I/We hereby declare that the above information given is complete and true. I/We agree that I/We have read the **Standard Terms & Conditions** of Sales of Linde Malaysia Sdn. Bhd. that shall be applicable and agree to be bound by them, a copy of which is available upon request and which I/We understand will be sent to me/us on approval on this application. I/We agree to be severally liable for all fees and charges. I/We hereby authorise Linde Malaysia Sdn. Bhd. to verify the information given herein from whatever source that may be required and to release such information as may be obtained without further reference to me/us.

Approval of this application is at sole discretion of Linde Malaysia Sdn. Bhd. Linde Malaysia Sdn. Bhd. reserves the right not to disclose or provide any reason if any application is unsuccessful.

Authorised Representative Signature

Rubber Stamp Name & Address of Company

Date (dd/mm/yy)

Name in Full

NRIC

Position in Company

B. OFFICE USE ONLY - INTERNAL

Sales Office

1 9 4 8

Pricing Area

Dunning Date

Dunn Procedure Z C A S

Rep Code

Grid Reference

Transportation Zone

Correspondence

Account Statement 5

Payer Account No

Ship To Account No

Ship To Account No

SUPPLEMENTARY COPY TO CUSTOMER ACCOUNT APPLICATION FORM

FOR LINDE OFFICIAL USE ONLY

ISIC Code _____

Application Code _____

√ **Tick where applicable**

B U Indicator		Plant ID
<input type="checkbox"/>	GBU Tonnage (Plant ID is Mandatory)	
<input type="checkbox"/>	GBU HealthCare 021199999999	
<input type="checkbox"/>	BA PGP Distributor Others	
<input type="checkbox"/>	BA Bulk	
<input type="checkbox"/>	BA Electronics	

Unloading point to delivery addressDays in Week☐

Mon – Fri ONLY (XA)

☐

Mon – Fri, Sat ONLY (XD)

Others – please check with Inbound Sales _____

Goods receiving hours

Mon-Fri From: _____ To: _____ From: _____ To: _____

Saturday From: _____ To: _____ From: _____ To: _____

Additional Data – Truck Access Capability

No Restriction _____ (55)

1 Tonne _____ (11)

More Than 1 Tonne & less than 6 Tonnes _____ (12)

Tail Lift Truck Required _____ ('T' for Yes)