

**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 address

Days 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)