

CREDIT ACCOUNT APPLICATION FORM

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

Malaysian Corporate

- Form 9 or 13
- Form 24
- Form 49 and
- Latest 3 months bank statement
- Memorandum & Articles of Association

Sole Proprietorship / Partnership

- Borang 1 or
- Form D and A or Form D and B
- Latest 3 months bank statement

Individual

- Form 79 or 80/ 80A/ 83/ 83A
- Latest 3 months bank statement

A. CUSTOMER INFORMATION

Company Name in Full			
Authorised Capital RM		Paid Up Capital RM	
Business Registration/Registrar of Company No			
Date of Registration			
Type of Registration	<input type="checkbox"/> Malaysian <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Foreign Corporate		
Type of Business			

Section 1 - Main Office Address

Street	
City	
District	
Postal Code	
Current Premises is	<input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged

Section 2 - Contact Person - Purchasing Department

	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Others	
Name		
Job Title		Function <div style="border: 1px solid black; padding: 2px; display: inline-block;">02 office use only</div>
Telephone No		Cont of <div style="border: 1px solid black; padding: 2px; display: inline-block;">0009 office use only</div>
Fax No		

Section 3 - Contact Person - Accounts Payable Department

	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Others	
Name		
Job Title		Function <div style="border: 1px solid black; padding: 2px; display: inline-block;">02 office use only</div>
Telephone No		Cont of <div style="border: 1px solid black; padding: 2px; display: inline-block;">0009 office use only</div>
Fax No		

Section 4 - Delivery Location - if different from Main Office Address

Street	<input type="text"/>
City	<input type="text"/>
District	<input type="text"/>
Postal Code	<input type="text"/>

Contact Person - Purchasing Department / Site Office / Factory Site

	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mdm	<input type="checkbox"/> Others	<input type="text"/>
Name	<input type="text"/>				
Job Title	<input type="text"/>			Function	<input type="text"/> 0 2 <i>office use only</i>
Telephone No	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cont of	<input type="text"/> 0 0 0 9 <i>office use only</i>
Fax No	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Contact Person - Accounts Payable Department

	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mdm	<input type="checkbox"/> Others	<input type="text"/>
Name	<input type="text"/>				
Job Title	<input type="text"/>			Function	<input type="text"/> 0 2 <i>office use only</i>
Telephone No	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cont of	<input type="text"/> 0 0 0 9 <i>office use only</i>
Fax No	<input type="text"/>	<input type="text"/>	<input type="text"/>		

B. BILLING INFORMATION

Statement of Account & Invoices ☐ Main Office ☐ Delivery Location

C. FINANCIAL REFERENCE

Name of Principal Bank	<input type="text"/>
Street	<input type="text"/>
City	<input type="text"/>
District	<input type="text"/>
Postal Code	<input type="text"/>
Bank Account No	<input type="text"/>

D. TRADE REFERENCE

Company Name

a)	<input type="text"/>	Telephone No	<input type="text"/>	<input type="text"/>	<input type="text"/>
b)	<input type="text"/>	Telephone No	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. OTHER

Purchase Order is a pre-requisite	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>office use only</i> Priority Text	Credit Limit Applied For RM	<input type="text"/>
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F. DECLARATION

I /We hereby declare that the above information given is complete and true. I / We hereby consent Linde Malaysia Sdn. Bhd. to verify the information given herein from whatever source that may be required and to release or disclose such information as may be obtained without further reference to me / us. I / We hereby agree to be severally liable for all fees and charges inclusive of an interest charge on any amount overdue of a monthly rate of 2% calculated on daily basis, payable on demand.

Approval of this application is at the 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	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Date (dd/mm/yy)
Name in Full	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
NRIC	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Position in Company	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
	Function	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> <div style="margin-left: 5px; color: red; font-size: 0.8em;">office use only</div> </div>
	Cont of	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> <div style="margin-left: 5px; color: red; font-size: 0.8em;">office use only</div> </div>

OFFICE USE ONLY**RECOMMENDATION**

No of Years Operating at above Address	_____	No of Staff Employed	_____
No of Years in Business	_____	Current Supplier	_____
Expected Sales Value per Month	RM _____	Rep Code	_____
Business Turnover per Month	RM _____	Pricing Area	_____
Recommended Credit Limit	RM _____	Recommended Credit Terms	_____ days

Signature
Name:
Date:

Endorsed by
Name:
Date:

APPROVAL

☐ Approved ☐ Reject

Approved Credit Limit RM _____
Approved Credit Terms _____ days

Approved By
Name:
Date:

ACCOUNT INFORMATION**Account Structure**

Customer	Account Group	Reference Customer
<input type="checkbox"/> New	<input type="checkbox"/> Std (0001)	<input type="checkbox"/> Industrial (MY02INREF)
<input type="checkbox"/> Existing	<input type="checkbox"/> Bill-TO (0002)	
	<input type="checkbox"/> Payer (0003)	

Opening Branch	_____	Grid Reference	_____
Pricing Area	_____	Transportation Zone	_____
Risk Category	_____	Account No	_____
		Payer / Ship to	_____
		Ship To	_____
		Ship To	_____

Dunning Data

Dunn Procedure _____

Correspondence

Account Statement ☐

✓ **Tick where applicable**

Invoice List Schedule

☐ Monthly
☐ Daily

Payment Term

☐ PEM1
☐ PEM2 ☐ Others

SUPPLEMENTARY COPY TO CUSTOMER ACCOUNT APPLICATION FORM

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)