



客戶掛賬申請表

A/C NO.: _____

APPLICATION FOR CREDIT FACILITIES

Name of FIRM : _____ 商號: _____

Tel 電話: _____ Fax 傳真: _____ Email: _____

ADDRESS of firm 商號地址: _____

BUSINESS REGISTRATION NO. 商業登記號碼: _____ *

CERTIFICATE OF INCORPORATION NO. 有限公司證書編號: _____ *

Name of DIRECTOR 負責人姓名: _____

Director's HKID NO. 負責人香港身份證號碼: _____ * Mobile 手機: _____

RESIDENTIAL address 負責人住址: _____

Remark: *Copy for presentation is requested 要求提交副本*

Name of PURCHASER 採購主管姓名: _____ Mobile 手機: _____

ACCOUNT Dept contact person 會計部 聯絡人: _____ Tel 聯絡電話: _____

Total number of EMPLOYEE(s) 公司員工總人數: _____

Name of CORRESPONDENT BANK 往來銀行: _____ ACCOUNT NO. 帳戶號碼: _____

In the event of default in payment by the
Customer, the signatory hereto agrees to be
Responsible for all moneys due by the customer
To LEGEND Provisions Ltd. from time to time.

簽名者須負責全數欠款

SIGNATURE and CHOP 簽名及蓋章

(簽名人 名字正寫): _____

Date 日期: _____

* 請連同 商業登記/ C.I./ 身份證 * 副本交回本公司

本公司使用 For our office use only.

Name of salesman: _____ Site visits: _____ Date: _____ Time: _____

Met person(s): _____ Applicant name card** _____ Commencement Date: _____

Deposit amount: _____ Credit Limit: _____ Credit Term: _____

Business Nature: _____ Comments: _____

Final Remark: _____

by: _____