

ODONATA PUBLISHING SDN BHD

Application of Account

Company's / Applicant's Name :			
Co. Reg. No.:		GST No. :	
Business Address :		Tel:	
		Fax:	
		H/P:	
		E-mail:	
Shipping Address : <input type="checkbox"/> Default <input type="checkbox"/> Optional		Tel:	
		Fax:	
		H/P:	
		E-mail:	
Person Incharge Of Account :		Position:	

* For Sdn Bhd / Bhd, please attached Form 9, Form 24 and Form 49

* For Sole-Proprietor / Partnership, please attached Certificate of ROB and Borang 'D' (SSM Copy)

* For Personal Acc, please attached a photocopy of I/C

Company Background

Date of Business Commence :		Staff: _____ person (s)	
Type of Business	<input type="checkbox"/> Trading / Retail Book Shop	<input type="checkbox"/> Home Tuition	
	<input type="checkbox"/> Direct to School (Primary / Kindergarten)	<input type="checkbox"/> Others: _____	
Coverage Area :		Turnover per annum : RM _____	
Name of other Main Supplier	Credit Limit	Date of Account Implemented	

Declaration:

I/We hereby warrant that the information stated above are true and that I/We have not withhold any information which might influence the acceptance of this application, and that the warranty given shall be the basis of the credit granted by you

Applicant's
 Signature _____
 Name _____
 Date _____

Company Chop (With Address) :

<u>For Incharge Salesperson use</u>			
Business Area	: _____	Zon:	Discount Rate : _____
Shipping Area	: _____	Zon:	Credit Limit : _____
Debtor Type	: _____		Terms of payment : _____
Remarks	: _____		Salesperson : _____
<u>For office use</u>			
Approved by	: _____	Date received	: _____