## 金萬興貿易有限公司

## KIM BAN HIN TRADING SDN. BHD. (ROC:606752-A)

478, LEBUH PANTAI, 10300 GEORGETOWN, PENANG, MALAYSIA.

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**Application For Open Credit Term Account** 

1	Applicati	ion For O	pen Crea	it Term A	ACCOUNT	
Company Name:						
公司商号:						
ROB / ROC No :						
Billing Address:						
:						
:						
Post Code:				State :		
Person In Charges1:	Person In Cha			on In Charges2:		
P.I.C 1 Mobile No:	P.I.C 2 Mob			I.C 2 Mobile No:		
Office Phone 1:	Office Ph			Office Phone 2:		
Fax 1 :				Fax 2 :		
E-mail Address:				_		
Account Dept. E-mail:						
Credit Term Apply:	14 Days	30 Days	60 Days	90 Days	Credit Term & Credit Limit Apply Are	
Credit Limit Apply:					Subject To Approver By Company	
provided to CRA, who may in turn share such in iii) Where you require any processing of my/ou DCHEQS reports to such locations outside Mal I/We understand that Any Overdue Amount want Bill; If I/We failing to settle all the Overdue An The director of the company are fully responsi "Penalty Charge = Amount Due * Annual Rate	ir conduct of my/our account formation to subscribers of a count application to be process aysia.  It be levy 12% per yearly on a count will cause you submit ble for all unpaid amounts of Annual Days * Age"	nluation on consequent to a contract o on consequent to a contract o if their service. ed by any processing centre lo adily basic from due date of ting record to your Credit Rep include penalty charges and a	entity/ies for bona fide trad ocated outside Malaysia (incl transtaction until amount fu orting Agency (CRA) & Take. Iso any charges cause by leg	uding your Head Office), I/we lly settle As Late Payment Pen Any Legal Action. al action until is fully paid.	am/are also aware and understand that such information will be hereby give consent to CRA to disclose my/our credit, CCRIS & alty Charge, If Payment Is Settle Later Than The Due Date State C	
Apart from the above, I/we the undersigned d to the above terms and conditions.	o give my/our consent to yo	ou and the CRA, to process my	o/our personal data as per th	e PDPA Act and also I/We here	eby certify that the above information provided is correct and agr	
Ple	ease Attach Toge	ether With Photoc	opy Of Your Com	oany Form 9, 49 &	All Director I/c.	
Director Authorise Signature 1:- Name: I/C:		Director Authorise Signature 2:- If have Name: I/C:			Director Authorise Signature 3:- If have  Name:  I/C:	
Com	pany Authorise St	amp				