

CUSTOMER / AGENT DATA FORM

- Notes:** 1) This form is to be filled up by either Operations/CS/Sales. Please complete all information required below.
 2) Please email completed form with signed approval to Lyna lyna.nat@dextransgroup.com, Hani hani.huynh@dextransgroup.com, cc. to Helyn helyn.chan@dextransgroup.com Kindly be informed that incomplete forms will be rejected.
 3) This is an internal company document, please do not send to external parties.
 4) This form supersedes all previous Credit Application Form.

Name of Company (as per business license):		
Full Address:		
UNLOCO:		
Nature of Business:		
Contact person name:	Job Title:	
Telephone No:	Fax No:	
Email:	Mobile:	
Business Registration No:	Date of Incorporation:	
VAT No:	Website URL:	
Authorized Capital:	Paid up Capital:	
Banker:	Branch:	
Account No:	IBAN No:	
SWIFT Code:	Currency:	
Organisation Type: <input type="checkbox"/> Receivables <input type="checkbox"/> Consignor <input type="checkbox"/> Carrier <input type="checkbox"/> Payables <input type="checkbox"/> Consignee <input type="checkbox"/> Forwarder/Agent		
Credit Limit Required:	Credit Period Required:	Sales Rep Code:
Requestor Name:	Designation:	Branch Code:
Date & Time:	Requestor Signature:	

Approved by: Country Manager <i>(for COD & amounts below USD25,000)</i>	JH / SY <i>(for amounts above USD25,000)</i>
Accounts Staff to post in System:	Organization Code assigned: