

NEW ACCOUNT OPENING FORM

(Please ensure that all necessary information are complete so as to facilitate the application process.)

COMPANY'S INFORMATION

Sole Proprietorship Partnership Corporation

Country of Incorporation: _____

Company Name : _____

Business Registration No. : _____

Nature of Business : _____

Registered Address : _____

Telephone : _____ Fax : _____

WEB / Email Address: _____

Billing Address : _____

OTHER INFORMATION

Name of Owner/Director : _____

Name and designation of person to contact for payment : _____

What will be your estimated yearly purchase from McLogic : _____

Name of related/affiliated companies currently trading with McLogic: _____

Name of Bank : _____ Branch : _____

DECLARATION

Any pending litigation against the company? YES NO

If yes, please provide details : _____

I/We declare that the information given above are true and complete to the best of my knowledge.

Signature and Company Stamp

Name :

Designation :

Date :

** Please fax completed form to : 6483 9306 or email to : mcllogic@mcllogic.com.sg

** Kindly allow 3 working days to process your application. Thank you!

FOR INTERNAL USE ONLY

Credit limit: _____ Approved by : _____

Customer A/C no. : _____ Date : _____

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