



**IXPRESS647- Application for Credit Account**

**Limited Company**    **Sole Trader**    **Partnership**   **(Please Tick)**

Company Name:	
Address:	
Post Code:	*Acra registration No:
Tel:.....	Fax:.....

Contact in Accounts Department:.....

Email Address: ..... Telephone No. ....

*Registered Office Address	
(If any different from above):	
*Billing Address	
(If any different from above)	
*Billing email address	*Contact number for billing enquiries
*Names of proprietors <b><u>(If non-Limited Company – Please include home address)</u></b>	

**TRADE REFERENCES**

Company:	Contact Name:
Address:	
Post Code:	Telephone No:
Company:	Contact Name:
Address:	
Post Code:	Telephone No:



I hereby Authorise IXPRESS647 to obtain references from the as and when appropriate. I agree to abide by the terms and conditions as set out by IXPRESS647; Which include that all invoices are due to be paid within 14days from the date of invoice. I agree that there is a SGD 40 or 5% of total amount stated in the invoice whichever is higher as late payment charge in the event of late payment which will recur every 2 weeks until full payment is made. I declare that I have authority to apply for credit account on behalf of the company.

Signed\_\_\_\_\_

Company Stamp:\_\_\_\_\_

\_\_\_\_\_  
Name and IC no

Position.....

Date.....

Please Complete in full and send the scan Copy to  
[accounts@islandxpress647.com](mailto:accounts@islandxpress647.com)