



9 Kaki Bukit Road 2,
Gordon Warehouse Building #02-22
Singapore 417842

IXPRESS647 LOGISTICS – Application for credit account

Limited Company Sole proprietorship Partnership **(Please tick)**

Company Name:	
Address:	Postal Code:
ACRA registration No.:	
Tel:	Fax:

Contacts in Accounts Department:

Email Address: Tel:

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

TRADE REFERENCES

Company:	
Address:	Postal Code:
Contact Name:	Tel:



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I hereby authorize IXPRESS647 Logistics to obtain reference from the as and when appropriate. I agree to abide by the terms and conditions as set out by IXPRESS647 Logistics; which include that all invoices are due to be paid within 14 days from 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 5 days until full payment is made. I understand that a minimum of 10 orders per month is required or otherwise an admin fee of SGD 20.00 will be imposed.

I declare that I have the authority to apply for credit account on behalf of the company.

Signature: Company Stamp:

Name & IC no.:..... Date:.....

Position: Start date:.....

*Please complete in full and send the scan copy to: accounts@islandxpress647.com