

CUSTOMER DATA SHEET

Cash Customers

Please complete all sections of this form and check appropriate boxes.

Sales Office

Market Sector

Salesman

ITB Encoder

New Customer	[Exi	Existing, Info Changes Only										SAP Account Code											
Section I - Customer In	Section I - Customer Information																							
Company Name (Full)																								
Telephone Number/s		-		-								t	0											
Fax Number/s		-		-								t	0											
Mobile Number] - [
Email Address	mail Address																							
Section II - Delivery Ad	Idress																							
House Number				St	reet/Brg	ју																		
City/Province																								
District/Region																								
Postal Code																								
Section III - Contact Pe	ersons																							
Purchasing Contact	Mr / Mrs / Ms		Surnai	me. First	Name, I	Middle	Initial																	
Accounting Contact	Mr / Mrs / Ms																							
End-User	WIF / WIFS / WIS	,	Surnai	me, First	Name, I	maare	initiai																	
	Mr / Mrs / Ms	;	Surnal	me, First	Name, I	Middle	Initial																I	I
Cylinder Custodian	Mr / Mrs / Ms		Surnai	me. First	Name, I	Niddle	Initial																	
Section IV - Declaratio				,																				
I hereby declare that the information given above and in any documents attached or requested by Linde Philippines (VisMin) in relation to this declaration is to the best of my knowledge true, correct and complete in every respect. I hereby understand that non-disclosure/falsification of information as herein required shall be grounds for the termination of credit terms once approved and/or legal action against me / us. Furthermore I, the undersign have been explained verbally by LINDE-Representative on the cylinder rental scheme, material/trade deposit refund terms & condition which will be receive on or before 30 days after returning all cylinders and has settle all accts. and other points stipulated in the CYLINDER LOAN AGREEMENT form.																								
				5	Signatu	re of	Custo	omer's	s Aut	horiz	ed R	epres	senta	tive							Date			
Name	Surname, Fi	rst Name	Middle	nitial																				
DeLINDEnation																								
Section V - LINDE Use	Only						-			-						•		-	-					

Transport Zone

Account Assignnment Group

GL Account