

Charge Customers

<input type="checkbox"/> New Customer	<input type="checkbox"/> Existing, Info Changes Only	SAP Account Code							
---------------------------------------	--	------------------	--	--	--	--	--	--	--

[illegible]

Mobile Number

--	--	--	--

 -

--	--	--	--	--	--	--	--

Email Address

Business Type ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Industry Type

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Fabrication & Construction	<input type="checkbox"/> Electronics & Semiconductors	<input type="checkbox"/> Maintenance Services
<input type="checkbox"/> Automotive	<input type="checkbox"/> Medical	<input type="checkbox"/> Chemicals & Petroleum	<input type="checkbox"/> Others, please specify:
<input type="checkbox"/> Food & Drugs	<input type="checkbox"/> Metals & Glass	<input type="checkbox"/> Refrigeration & Airconditioning	

Tax Identification Number (TIN) - - -

☐ With VAT ☐ Non-VAT ☐ VAT-Exempted ☐ Zero-Rated

VAT Registration No.

--	--	--

 -

--	--	--

 -

--	--	--

 -

--	--	--	--

Withholding Tax Agent: ☐ Yes ☐ No Withholding Tax Rate:

[illegible][illegible][illegible]

Postal Code

--	--	--	--	--

[illegible][illegible][illegible]

Postal Code					
-------------	--	--	--	--	--

[illegible][illegible][illegible]

Telephone Number/s

--	--

 -

--	--	--

 -

--	--	--	--	--	--	--	--

 to

--	--

[illegible]

Telephone Number/s

--	--

 -

--	--	--

 -

--	--	--	--	--	--

 to

--	--

[illegible]

Telephone Number/s			-				-							to		
--------------------	--	--	---	--	--	--	---	--	--	--	--	--	--	----	--	--

CUSTOMER DATA SHEET

Section V - Billing & Collection Issues

Preferred Billing ☐ By Mail ☐ By Email ☐ Others _____Required Billing Attachments ☐ Invoice
☐ Purchase Order
☐ Delivery Note
☐ Others, please specify: _____

Other Billing Requirements: _____

Method of Payment ☐ Pick-up Check at _____
☐ Bank TransferPreferred Collection Days ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri Collection Time: Required Collection Documents ☐ Official Receipt
☐ Company ID
☐ Certifications, please specify _____
☐ Others, please specify _____

Other Collection Instructions _____

Section IV - Declaration

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.

Signature of Customer's Authorized Representative

Date

Name

Surname, First Name, Middle Initial

Designation

Section V - LINDE Use Only

Sales Office Transport Zone Market Sector GL Account Salesman Account Assignment Group ITB Encoder Credit Approval ☐ Yes ☐ No Credit terms

Approved by:

Commercial Manager

Inbound Sales and Telebusiness Manager

Customer Asset Manager