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林德港氧有限公司
香港九龍將軍澳
將軍澳工業邨駿日街12號
電話 +852.2372-2288
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Account Opening Form 開戶申請表

I/We _____ of _____ hereby ask you to supply me/us with goods and/or services and confirm that the information given below is correct. I/We further agree to abide by your current (General Terms and Conditions of Sales as available on webpage <http://www.linde-gas.com.hk/en/services/index.html>) and any subsequent amendments thereon, and wish to be supplied on credit/C.O.D.basis. Please refund the deposit to the company's / personal account upon termination of our accounts with you. I/We acknowledge receipt a copy of the above mentioned "Conditions of sale".

余/本公司 _____ 擬請 貴公司以賒帳/現金辦法供應貨品並證實下列記錄均屬無誤且同意履行 貴公司現行或其後修改之銷售條件。
(詳細銷售條件請瀏覽林德港氧網頁：<http://www.linde-gas.com.hk/en/services/index.html>)。若日後與 貴公司終止交易時，請將按金退還本人/公司。茲收到 貴公司編印之銷售條件一冊。

I wish to receive the publication and promotional materials from Linde HKO via email. 本人希望透過電郵信箱收到由林德港氧寄出的出版物、產品宣傳及促銷資料。

Part A: To be completed by customer 此欄由顧客填寫

Signature & Chop : _____

簽名及蓋章

I. Basic information 一般資料

Name of Account Holder 客戶全名 [公司或個人]			Customer Account No. 客戶號碼 (official use only)	
Correspondence Address 聯絡地址			Customer Effective Date 客戶生效日期 (official use only)	
	Tel. 電話		Fax 傳真	
	Email Address 電郵地址			
	Dept contact 部門聯絡	Purchasing Dept 採購部	Name 姓名	Tel. 電話
		Account Dept 會計部	Name 姓名	Tel. 電話
Bank Reference 銀行資料	Bank Account No. 銀行戶口號碼			
Business Registration or H.K. Identity Card No. 商業登記或 身份證號碼	Business Nature 業務性質			
Account Type 戶口種類	<input type="checkbox"/> Cash On Delivery 現金收貨			
	<input type="checkbox"/> Credit 賒帳	<input type="checkbox"/> Paid by Direct Debit 選擇自動轉帳繳款	*For Credit Customer only 只適用於賒帳客戶*	
	(Please fill in the Direct Debit Authorization Form and return the ORIGINAL to us or submit the ORIGINAL form directly to your banker) 填妥直接付款授權書，把表格"正本"寄回本公司，或親自交去閣下銀行			
	(official use only) Trading Deposit 信貸按金 \$	Credit Limit 信貸額 \$	Expected Monthly Consumption 預計每月銷售金額 \$	
eShop Account 網上商店戶口	Please provide email address: 請提供電郵地址： 1. _____ 2. _____ 3. _____			
First Order Information 首次訂貨資料	Product 產品	_____	Quantity 數量	_____
	Product 產品	_____	Quantity 數量	_____
	Delivery date 送貨日期	_____		
	Sales Order No. 銷售編號	_____ (official use only)		
Remark 備註	Please supply this form with business registration copy (company account) or ID copy & address proof (personal account) by mail 請將此表格連同商業登記証副本 [公司戶口] 或身份証副本及住址證明 [個人戶口] 郵寄回本公司			
	Official use only : <input type="checkbox"/> ID no. <input type="checkbox"/> Address proof	Checked by : _____		Date : _____
Official Use Only	Handled By _____	Approved By _____		

II. Mailing Address

郵寄地址

(If different from correspondence address, please fill in this part)

如與上址不同, 請填寫此部份

Address 地址	Contact Person 聯絡人 :	Official use only (Bill-to Account No.)
	Title 職位 :	
	Tel. 電話 :	
	Fax 傳真 :	

III. Delivery Point(s)

送貨地點

Address 地址	Contact Person 聯絡人 :	Official use only (Ship-to & Area Code No.)
1.	Title 職位 :	
	Tel. 電話 :	
	Fax 傳真 :	
Your Location Reference 地點名稱		<input type="checkbox"/> Please tick if bill to this delivery address 如寄單據到送貨地址, 請加上✓
Goods Receiving Date 收貨日期: <input type="checkbox"/> Mon - Fri 星期一至五 <input type="checkbox"/> Mon - Sat 星期一至六		

Address 地址	Contact Person 聯絡人 :	Official use only (Ship-to & Area Code No.)
2.	Title 職位 :	
	Tel. 電話 :	
	Fax 傳真 :	
Your Location Reference 地點名稱		<input type="checkbox"/> Please tick if bill to this delivery address 如寄單據到送貨地址, 請加上✓
Goods Receiving Date 收貨日期: <input type="checkbox"/> Mon - Fri 星期一至五 <input type="checkbox"/> Mon - Sat 星期一至六		