INTERLIFT 因德利企業私人有限公司 INTERLIFT SALES PTE LTD

71 Toh Guan Road East, #03-06 TCH Techcentre, Singapore 608598 **Tel: (65) 6284 5535** Fax: (65) 6284 8794
Website: www.interlift.com.sg E-mail: enquiry@interlift.com.sg

Reg. No. 198306090C
GST Reg. No: M2-0066493-X

SERVICE SECTION
NEW ACCOUNT FORMAT

ATTENTION : ACCOUNTS PAYABLE DEPARTMENT

INTERLIFT REF NO.	

We are writing to update our customer payment records in order for us to provide a better service to your organization. Therefore, kindly fill up the relevant information for our record purpose.

Company Name : _____

Telephone No : _____ Email /Fax: _____

Billing Address : _____

_____

Mailing Address : _____

_____

In-charge of A/c payable : _____
(If individual department has separate accountant, please mention below)

S/No.	Section Name (Finance)	Finance Email Address
1		
2		

Process Payment Cut Off Date : _____

* Compulsory PO before billing, tick **Yes** or **No**
PO is compulsory: Yes ☐ No ☐

Kindly attached any of the supporting Document :
Company Letterhead / Purchase Order / Name Card / Complimentary Slip / ARCA / Other

* Payment Term : COD / Advance
* Work Report & DO attached with invoices

Remarks : _____

_____

Greatly appreciate the assistance you have provided us.

Person Completing this form
Name : _____
Position Held : _____
Date : _____

*** After completed, please revert back by email** or fax : 6284 8794

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