



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	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>

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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