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COMPANY NAME: _____
BILL TO : _____ SHIP TO: _____
ADDRESS: _____

TELEPHONE: _____ FAX: _____

NAME OF PRINCIPLES: _____ %OWNERSHIP: _____ DATE STARED: _____

YEARS AT LOCATION: _____

TAX ID: _____

CONTACT NAME: _____ POSITION: _____

PRODUCTS TO BE PURCHASED: _____

AVERAGE SIZE ORDER: _____ TERMS DESIRED: _____

BANK REFERANCE

BANK NAME: _____ ACCOUNT NO: _____

ADDRESS: _____

CONTACT NAME: _____ PHONE/FAX: _____

TRADE REFERANCES

SUPPLIER NAME: _____ FAX: _____

ADDRESS: _____

SUPPLIER NAME: _____ FAX: _____

ADDRESS: _____

SUPPLIER NAME: _____ FAX: _____

ADDRESS: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, I AGREE TO PAY ALL INVOICE IN A TIMELY MANNER AS SPECIFIED IN EACH INVOICE. SHOULD ANY INVOICE NOT BE PAID TIMELY, THEN I AGREE RO PAY THE LATE CHARGES OF 1 ½ % PER MONTH ON THE UNPAID BALANCE. IN ADDITION I AGREE TO PAY ALL REASONABLE COST OF COLLECTIONS INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY FEES AND COSTS.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

PERSONAL GUARANTEE

I, (PRINT NAME): _____

PERSONALLY GUARANTEE THE PAYMENT OF ANY DEBT, LIABILITY OR OBLIGATION ARISING OUT OF ANY AGREEMENT EXECUTES BY OR FOR THE BENEFIT OF THE COMPANY ABOVE.

SIGNATURE: _____ DATE: _____