

**Account Opening Form**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Contact Person Name:** 1 \_\_\_\_\_ 2 \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Phone number** \_\_\_\_\_  
**MSN:** \_\_\_\_\_

**Company Information:**

Company Legal Name: \_\_\_\_\_  
 Date Established: \_\_\_\_\_  
 Company Tax ID: \_\_\_\_\_  
 Website Address: \_\_\_\_\_  
 Company Trade Name: \_\_\_\_\_  
 Officers / Owners Name: \_\_\_\_\_  
 Business Address 1: \_\_\_\_\_  
 Business Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Business Phone No: \_\_\_\_\_  
 Business Fax No: \_\_\_\_\_  
 Business Email: \_\_\_\_\_

**Billing Information: (If different from above)**

Officers / Owners Name: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Contact Phone No: \_\_\_\_\_  
 Fax No: \_\_\_\_\_

Please fill in the following Please tick the ones applicable to you as the information can be used to improve ourselves

<b>How did you hear about us?</b>	<input type="checkbox"/> Trading Platform	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other Websites	<input type="checkbox"/> Search Engine			
	<input type="checkbox"/> Friend	<input type="checkbox"/> Business Contact	<input type="checkbox"/> Contacted by us				
	<input type="checkbox"/> Others	Please Specify: _____					
<b>In which products are you interested the most ?</b>	<input type="checkbox"/> All	<input type="checkbox"/> Mobile Phones	<input type="checkbox"/> Digital Camera	<input type="checkbox"/> Camcorder			
	<input type="checkbox"/> MP3 players	<input type="checkbox"/> Accessories	<input type="checkbox"/> PSP products	<input type="checkbox"/> Bluetooth			
	<input type="checkbox"/> Flash Lights	<input type="checkbox"/> Professional Lens	<input type="checkbox"/> Flash Memory Card				
	<input type="checkbox"/> Others	Please Specify: _____					
<b>Do you own a: (and quantity)</b>	Retail store	<input type="checkbox"/> 1	<input type="checkbox"/> 2-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-50	<input type="checkbox"/> 51 +
	Web shop	<input type="checkbox"/> 1	<input type="checkbox"/> 2-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-50	<input type="checkbox"/> 51 +
		<input type="checkbox"/> Wholesales			<input type="checkbox"/> Home base		

**Please share about your business planning in the upcoming 24 months.**

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<b>Internal Use Only:</b>	
notes / new company code:	