



Vet Food Agro Diagnostics (M)
Sdn Bhd 200101024963 (560721-X)

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NEW ACCOUNT & REVISION

1 **Company Name** _____

Business Address _____

Postcode _____

Mailing Address
(if different from business address) _____

Postcode _____

Telephone No. _____ **Fax No.** _____

Business/ Co. Reg. No. _____ **Type of Business *** Sole proprietor / Partnership / Limited Co.
(* delete where not applicable)

Nature of Business _____

2 **Contact Person - Main/User** _____ **Contact Person - Accounts** _____

Telephone No. _____ **Telephone No.** _____

Email Add _____ **Email Add** _____

Please submit this form together with a copy of the following documents.
Sole proprietor / Partnership - Form D or E
Limited Co. - Form 9 (or 13 if applicable), 24 & 49; or certificate of incorporation & Superform; and
- latest audited accounts

DECLARATION

I/We, the undersigned, hereby declare that all the information provided above is true & accurate.

Authorised signatory & Company Stamp
Name _____ **Date** _____

For office use only:

Credit limit	RM _____	Submitted by SP	Approved by MD / SD / FD
Credit term	_____ days	_____ Name/Designation/Date	_____ Name/Designation/Date

REVISION

Date _____ Revised credit limit / term _____ Other details _____ Approved by _____