

# CREDIT ACCOUNT APPLICATION

Date:

## I - BUSINESS INFORMATION

Customer Trade Name:

Customer Legal Name:

Website:

Billing Address:

District: Hong Kong Island

Kowloon

New Territories

Physical Address (if different from above):

District: Hong Kong Island

Kowloon

New Territories

Contact Person:

Position:

Contact Number: + -

Email:

Company Registration " ±© > j ®

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## II - TRADE REFERENCES

i) Company:

Contact Person:

Email:

Phone Number: + -

ii) Company:

Contact Person:

E-mail:

Phone Number: + -

## III - ADDITIONAL INFORMATION AND DOCUMENTS

1. Proof of payment needs to be sent to phil@hofws.com.
2. Please submit this form to House Of Fine Wines Ltd after completion with a copy of your Business Registration.

## IV - AUTHORIZATION

I certify that the above information is true and correct and that I am authorized to make this application for credit. I have read and understand the TERMS of House of Fine Wines Ltd which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. **I agree that if I am a director/ shareholder (owning at least 50% of the shares) of the Customer Account, I shall be personally liable for the PAYMENT OF INVOICES ON 30 DAYS FROM DATE OF INVOICE.**

i) Authorized Seller

Name:

Position:

Signature and company chop:

Date:

ii) Authorized Customer

Name:

Position:

Signature and company chop:

Date: