



Application Form For CrimsonLogic Services

Section 1 : Subscriber Information

Company Name : _____
 Registered Address : _____
 Contact No. : _____ Postal Code :

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 Business Regn No. : _____ Fax No. : _____
 Industry : _____ Estimated No. of Employees : _____
 Company Web Address (URL) : _____
 Product/Service(s) to subscribe : _____

Chief Executive Officer (or equivalent)

Salutation : Dr/ Mr/ Ms/ Mdm
 Name : _____
 (Please underline surname)
 Contact No. : _____
 Fax No. : _____
 Email Address : _____

Chief Information Officer / MIS Manager (or equivalent)

Salutation : Dr/ Mr/ Ms/ Mdm
 Name : _____
 (Please underline surname)
 Contact No. : _____
 Fax No. : _____
 Email Address : _____

Contact Person *

(This individual will serve as the point of contact for CrimsonLogic)

Salutation : Dr/ Mr/ Ms/ Mdm
 Name : _____
 (Please underline surname)
 Designation : _____
 Contact No. : _____
 Fax No. : _____
 Email Address : _____

Decision Maker *

(This individual is the authorised personnel who will agree to the terms and conditions set forth)

Salutation : Dr/ Mr/ Ms/ Mdm
 Name : _____
 (Please underline surname)
 Designation : _____
 Contact No. : _____
 Fax No. : _____
 Email Address : _____

Billing Administrator *

A Billing Administrator will be given the access to CrimsonLogic Network Billing System. The Billing Administrator, normally of supervisory level or finance personnel, will be able to view usage and payment incurred by all General User IDs under this account. He/She will also be able to print tax invoices.

Name : _____ Contact No. : _____
 Email Address : _____ Designation : _____

* Mandatory sections to be completed

Section 2 : Additional Information

Please specify the number of User IDs required : _____

For TradeNet or eHC Users Only (please apply with Singapore Customs for a CR No.)

Central Registration Number (CR No.) :

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For eHC Users Only

Please fill in and attach the **eHC Supplier and Declaring Agent Information Form**.

For INTEREQ Users Only

Organisation Type : _____
 Organisation Code : _____

For **BIZNET** Users Only

Please indicate your preferred Login ID below. If you request more than 1User, please fill in and attach Biznet User Information form.

Characters allowed are 'a' to 'z', '0' to '9', **exactly 8 characters**, no spacing between characters.

CrimsonLogic reserves the rights to change your preferred Login ID(s) if all three choices have already been used by other users.

Login ID (1st Choice) : Login ID (2nd Choice) :

Login ID (3rd Choice) : (Please indicate the Login ID with EXACTLY 8 characters)

Section 3 : Payment Information

Singapore subscribers can pay by Interbank GIRO (IBG), Credit Card (**Not applicable to TradeNet, HDB ResaleNet & EFS subscribers**) or Advance Payment.

Overseas subscribers can pay by Credit Card or Advance Payment (TT). Please indicate with ' X ' (where applicable) and complete the necessary information.

Inter-Bank GIRO
Please complete the attached Application form for Inter-Bank GIRO

Existing CrimsonLogic Subscriber
If you would like us to deduct from your existing bank account, please provide your existing Account ID that has already been GIRO activated :

Credit Card (VISA / Master / AMEX)
Please provide the following card details:-
Bank Name : _____ Card Number : _____
Expiry Date : _____ Card Holder Name : _____

Advance Payment
All Bank Charges and Agent Clearing Charges incurred during the course of clearing the cheque / TT are to be borne by the customer.

Section 4 : CrimsonLogic Sales Person Information

Name of Sales Person : _____

Section 5 : Declaration

I/We understand that the Application Form for CrimsonLogic Services is subjected to acceptance by CrimsonLogic. I/We have read and agree to be bound by the Terms and Conditions of the CrimsonLogic Service Agreement attached. I/We agree that CrimsonLogic may at its sole discretion amend the Terms and Conditions as and when necessary and such amendments shall be effective upon my/our receipt of the notification thereof.

Signed for and on behalf of the Subscriber

Name & Title of Signatory

Company Stamp

Date

FOR OFFICIAL USE ONLY

Action By & Date : _____ Account ID : _____
Signature : _____ User ID : _____

Submitted By:
Sales Person In Charge (Name & Signature) : _____

Approved By:
Approving Manger (Name & Signature) : _____