

**CREDIT FACILITY APPOINTMENT FORM**

(Please email the completed form to enquiry@asiadiagnosticsgroup.com)

**Section 1 – Company Information**

Name of Billing Company: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
 Company Reg No: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Section 2 – List of clinics owned by company that will be sending patients to Asia Diagnostics Group**

S/N	Clinic Name	Address	Contact Person & Number
1			
2			
3			

**Section 3 – Acknowledgement of Terms & Conditions**

I, \_\_\_\_\_ (Name), \_\_\_\_\_ (Designation)  
 of \_\_\_\_\_ (Billing Co. name) would like to apply for a credit account with Asia Diagnostics Group for the billing of medical imaging services provided to my patients by Bedok X-ray Centre / Jurong Imaging Centre.

I hereby acknowledge and accept the following terms and conditions:

- a) Approval for credit facility will be subject to the sole discretion of the Management.
- b) The Management reserves the right to summarily terminate or suspend the applicant’s credit account for reasons of payment overdue.
- c) The charges accrued for services rendered to your company will be billed on a monthly basis.
- d) Payment of invoices to be made to “AcuMed Medical Pte Ltd” within 30 days from billing date.
- e) A monthly late payment fee of \$50 or 1% of the outstanding amount (whichever is greater) will be charged for all overdue amount if payment is not received within 60 days of the billing date.

NRIC & Name of Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Company Stamp \_\_\_\_\_