



CREDIT APPLICATION FORM

Full Company / Office Name:

Head Office / Address:

Tel/ Facsimile / E - Mail:

Associate Company/ office Address:

Tel/ Facsimile / E - Mail:

Invoicing Address:

Tel/ Facsimile / E - Mail:

Type of Organisation : *(Please Tick)*

Government
 Public Corporation
 Private Corporation
 Partnership
 Sole Proprietorship
 Others. Please specify:

Main Office *(Please Tick)*

Govt Entity/office	
Own	
Rent	
Mortgage	

Facilities required for: *(Please Tick)*

Ticket / Transportation documents
 Warehouse /others charges
 Ground Handling / DCS / CIP charges
 Others. Please specify:

Principal Activities :

.....

Company / Office Officers: Name & Title

Please provide the name of your Finance / Accounting Departmental Head together with two other key officers in your company.

	Name	E - Mail	Tel	Facsimile
1
2

Bankers Reference

Name of Bank:

Address:

Account No:

Financial Information

Financial Year:

Annual Sales:

Issued Capital:

Paid Up Capital :

Credit Limit desired:

Credit Period desired:

Principal Trade References

Please provide Name, Address, Fax & Tel Nos. of trade references.

	Name	Tel	Facsimile	E - Mail
1				
2				
3				

Name other companies where credit facilities have been extended to you.

	Name	Tel	Facsimile	E - Mail
1				
2				
3				

Credit Application

Please provide the following information of the person whose signature to be acknowledged in order to grant credit facilities

	Name	Designation	Signature
1			
2			
3			
4			
5			

I/We declare the the aforestated information is true and correct at the time of this application and agree to abide by terms and conditions attached herewith should the application be approved.

Signature: _____

Name _____

Designation: _____

Please ensure that information provided is complete so as to avoid delay in our evaluation of your credit application.

For Office Use Only		
Recommended / Rejected	Recommended / Rejected	Approved / Rejected
Date:	Date:	Date:
Signature:	Signature:	Signature:
Name:	Name:	Name:
Sales & Marketing	Finance & Accounts	Director
Approved Credit Limit:	Remarks:	
Approved Credit Period:		
Bank ref. Letter:		
Deposit received:		