



**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: .....

**Facilities required for:** *(Please Tick)*

Ticket / Transportation documents

Warehouse /others charges

Ground Handling / DCS / CIP charges

Others. Please specify: .....

**Principal Activities :** .....

.....

**Main Office** *(Please Tick)*

Govt Entity/office	<input type="checkbox"/>
Own	<input type="checkbox"/>
Rent	<input type="checkbox"/>
Mortgage	<input type="checkbox"/>

**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 : .....

<b>Credit Limit desired:</b>	.....
<b>Credit Period desired:</b>	.....

## 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:		