



CREDIT APPLICATION FORM

NAME OF COMPANY: _____

COMPANY/BUSINESS REGISTRATION NO: _____

Kindly attach Business Profile Information (ROC)

COMPANY'S ADDRESS: _____

EMAIL ADDRESS: _____

WEBSITE: _____

TELEPHONE: _____ **FAX:** _____

ACCOUNTS PAYABLE CONTACT

CONTACT NAME: _____ **TELEPHONE:** _____

EMAIL: _____

ADDRESS OF DELIVERY (if different from above): _____

PERSONS AUTHORISED TO ORDER: _____

CREDIT TERMS APPLIED FOR: 30 DAYS

_____	_____	_____
DATE	NAME & POSITION	SIGNATURE

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SALESMAN:	APPROVER: