

CUSTOMER CREDIT APPLICATION

- a This form must be completed by the company's authorized representative.
- b To ensure that application is processed without delay, please make sure that all information are provided and accurate.
- c Please enclose audited financial for the last two year and latest Management Accounts.

Sections (a) to (g) must be duly completed by customer

a. BUSINESS INFORMATION

Name of Business _____

Registration No _____

Registered Address _____

Telephone No: _____ Fax No: _____

Type of Business Corporation Partnership Proprietorship

Established Date _____ Paid - Up Capital _____

Principal Activities _____

b. PARTICULARS OF DIRECTORS

	Name	Address	Other Businesses
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

c. BANK REFERENCES

1 Banker _____ Account No. _____
 Address _____
 Contact _____

2 Banker _____ Account No. _____
 Address _____
 Contact _____

d. TRADE REFERENCE

Trade Name: _____

Address: _____

Contact No: _____

Contact Person: _____

Email: _____

Approved Credit Line _____

e. FINANCIAL INFORMATION

1 Financial Year End:

2 Pass 2 Year Turnover :

3 No. of Employee

