



APPLICATION FOR CREDIT FACILITIES

**NAME OF INDIVIDUAL/
ORGANISATION:** _____

ADDRESS: _____

TIN: _____

TELEPHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____

BUSINESS TYPE: Sole Trader Partnership Corporation

Limited Liability Company Other

NATURE OF BUSINESS: _____

NO. OF YEARS IN BUSINESS: _____

PROPOSED CREDIT LIMIT: _____

PARTICULARS OF MANAGERS/OWNERS/DIRECTORS

Name	Address	Contact #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANKER(S) REFERENCES

Name of Bank

Address

_____	_____
_____	_____
_____	_____

BUSINESS/TRADE REFERENCES

Name of Supplier

Address

Contact #

_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORISATION FOR PURCHASES

Name

Designation

Specimen Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR OFFICIAL USE ONLY – LEAVE BLANK

Credit Limit Approved _____ **Period** _____

Reviewed and Recommended By: _____
Credit/Collections Manager

Approved By: _____
Finance Manager **Chief Executive Officer**

Comments: _____

Kindly read and complete Appendix I attached and return with your application

