



Credit Recommendation Form for Increase

(Existing AR Client)

Client Name:	Client No.:	Branch:
Authorized Representative:		Position:
Business Address:		
Email Address:	Landline:	Contact No.

Recommended Credit Line: (to be filled up by Sales)		*Checklist of Submitted Requirements: <input type="checkbox"/> Company Profile <input type="checkbox"/> Business location map/picture <input type="checkbox"/> Valid IDs of the Authorized Signatory with 3 specimen <input type="checkbox"/> Latest Business/Mayor's Permit <input type="checkbox"/> DTI, or SEC registration and latest General Information Sheet (GIS) <input type="checkbox"/> Proof of billing (utility: gas, electricity, etc.) <input type="checkbox"/> BIR Certificate of Registration <input type="checkbox"/> Financial Statement with attached ITR <input type="checkbox"/> Authorization letter to approved purchase order and recipients of items <input type="checkbox"/> Bank authorization for credit investigation <input type="checkbox"/> Others: _____
FROM Terms: _____ Days	TO Terms: _____ Days	
Credit Limit: _____	Credit Limit: _____	
Recommendations:		

Credit Sales within the last 12 months

AR Client Since: Month Day Year

Month/Year	Total Amount	Month/Year	Total Amount
1.	P	7.	P
2.	P	8.	P
3.	P	9.	P
4.	P	10.	P
5.	P	11.	P
6.	P	12.	P

Previous Year:

Total Sales: _____
Ave. per month: _____

Present Year:

Total Sales: _____
Ave. per month: _____

Recommended by:

Checked by:

Noted by:

Sales Team Leader

Strategic Accounts Manager

Jackie Ramos
Sales Department Head

For Credit & Collections

Approved Credit Terms: _____ Days	Approved Credit Limit: _____ PHP	Date: _____
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Comments on Approval:

Recommending Approval:

Noted by:

Approved by:

Credit Analyst 1

Angel Bacsá
Credit & Collections Supervisor

Olivia Madriaga-Galura
Finance Department Head