



CREDIT APPLICATION FORM

Complete in block letters. Items marked with (*) are required. Put 'NA' if not applicable.

I. Contact information*

Business name:	President/owner:
Address:	
Residential address (if single proprietorship):	
Mobile no.:	Landline no.:
Contact person:	Contact no.:

II. Business information*

Business description:	
Main goods/services:	
Business Started:	No. of branches:
<input type="checkbox"/> Single proprietorship <input type="checkbox"/> Corporation/partnership/cooperative	
<input type="checkbox"/> Government (Indicate what unit/department /GOCC.): _____	
Tax identification number*:	<input type="checkbox"/> VAT-registered <input type="checkbox"/> Not VAT-registered

III. Documents submitted (for checker only)

*photocopy

- ☐ Company Profile
- ☐ Business location map/picture
- ☐ Valid IDs of the Authorized Signatory with 3 specimen
- ☐ Latest Business/Mayor's Permit
- ☐ DTI, or SEC registration and latest General Information Sheet (GIS)
- ☐ Proof of billing (utility: gas, electricity, etc.)
- ☐ BIR Certificate of Registration
- ☐ Financial Statement with attached ITR
- ☐ Authorization letter to approved purchase order and recipients of items
- ☐ Bank authorization for credit investigation

IV. Suppliers*

Business name:	Account opened on:
Contact person:	Contact no:
Address:	Credit limit/balance:

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V. Other stipulations

The applicant certifies that all information herein is complete, accurate and given with the understanding that it will be used to determine the amount and conditions of the credit to be extended. Furthermore, the applicant authorizes the entities listed to disclose necessary information to 1Rotary Trading Corp. in order to verify this credit application.

Applicant

Name:

Position:

Date:

This application is subject for approval. A letter of confirmation will be given to you once approved.

-----** DO NOT FILL UP BELOW **-----

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Sales Team Leader Recommendation:

Submitted By:

Sales Team Leader

Checked By:

Strategic Accounts Manager

Authorization Letter to approve Purchase Orders and Receive Items

Date: ____/____/____

To whom it may concern,

I, _____ hereby authorize the following persons to **Approve Purchase Order (PO)** for 1Rotary Trading Corporation and/or their affiliates.

- 1.
- 2.
- 3.
- 4.

And the following persons as authorized **Recipients** of the items:

- 1.
- 2.
- 3.
- 4.

Sincerely yours,

Signature

Name:

Position:

Company Name: