



CREDIT APPLICATION FORM

(Please use **black/blue pen**. Complete in **block letters**)

***required**

COMPANY INFORMATION

Company Name *	
Business Address *	Website / Email *
Telephone Number *	Mobile Number *
Name of President/Owner *	Date of Birth *
Present Address <i>(for single proprietorship)</i> :	Permanent Address <i>(for single proprietorship)</i> :
Contact Person/Purchaser *	Mobile Number *

BUSINESS DATA

Type of Business *	In Business Since *
Legal Form Under Which Business Operates * <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government Sectors	
Tax Identification Number *	<input type="checkbox"/> Vat Registered * <input type="checkbox"/> Non - Vat Registered *
No. of Branches (if any):	Main Products *

REQUIREMENTS / DOCUMENTS NEEDED (PLEASE CHECK SUBMITTED REQ.):

- ☐ Company Profile
- ☐ SEC / DTI Registration
- ☐ BIR Certificate of Registration*
- ☐ Latest Business/Mayor's Permit*
- ☐ Lease of Contract *(if applicable)*
- ☐ Financial Statement with attached ITR*
- ☐ Proof of Billing (Utility Bill – Gas, Electricity, Water, Telephone)*
- ☐ Valid Ids of the authorized signatory with 3 specimen
- ☐ Location Map / Picture of location
- ☐ Bank Credit Investigation Authorization Letter (Please see attached form)

REFERENCES

A. Trade/Supplier Facilities (At least 4)	
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
Contact No.:	Contact No.:
Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:
Current Balance:	Current Balance:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address:	Address:
Contact No.:	Contact No.:
Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:
Current Balance:	Current Balance:

B. Bank Accounts	
Name of Bank:	Name of Bank:
Branch:	Branch:
Address:	Address:
Account No.	Account No.
Contact No.:	Contact No.:

AUTHORIZED SIGNATORIES: (Please list persons authorized to SIGN Check Payments)

Name	Signature	Position	Date of Birth
1			
2			

AUTHORIZED SIGNATORIES: (Please list persons authorized to APPROVE Purchase Orders)

Name	Signature	Position	Date of Birth
1			
2			
3			
4			

AUTHORIZED RECIPIENTS: (Please list persons authorized to RECEIVE items)

Name	Signature	Position	Date of Birth
1			
2			
3			
4			

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorized the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

TERMS: Accounts must be settled within seven (7) days from due date, otherwise, interest will be charge at 2% per month for credit remaining unpaid after the due date. Until accounts are updated, no credit will be given, regardless of unconsumed credit limit. Postdated checks will have to clear before credit line resumes.

Signature: _____
Printed Name: _____
Position: _____
Date: _____

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

Submitted by: _____
Sales Team Leader

Checked by: _____
Strategic Accounts Manager