

**CREDIT APPLICATION FORM (Strictly Confidential)**

1.	<b>Company Name :</b>		
2.	<b>Name of Parent Company :</b>		
3.	<b>Name of Associate Company :</b>		
4.	<b>Registered Office Address :</b>		
	<b>Telephone :</b>	<b>Telefax :</b>	<b>Email ID :</b>
5.	<b>Invoice Address :</b>		
	<b>Telephone :</b>	<b>Telefax:</b>	<b>Email ID</b>
6.	<b>Commercial Registration No. :</b>		
7.	<b>Name &amp; Address of Sponsor :</b>		
8.	<b>Name of Directors:</b>		
9.	<b>Name of General Manager :</b>		
10.	<b>Name of Finance Manager:</b>		
11.	<b>Nature of Business :</b>		
12.	<b>Number of years in Business :</b>		
13.	<b>Branch Offices :</b>		
	<b>Branch Office</b>	<b>Address</b>	<b>Telephone</b>
(a)			
(b)			
(c)			
14.	<b>Trade Reference (other than affiliate / associate companies which may be approached by Simatech) :</b>		
	<b>Name of Company</b>	<b>Address</b>	<b>Telephone</b>
(a)			
(b)			
(c)			
15.	<b>Bank details which may be approached by Simatech :</b>		
	<b>Bank Name</b>	<b>Address</b>	<b>Telephone / PIC</b>
(a)			
(b)			
16	<b>Amount of Credit applied for :</b>		
17	<b>Average Monthly Utilisation to Simatech :</b>		
18	<b>Contact for Invoice settlement :</b>		
	<b>Name</b>	<b>Department</b>	<b>Telephone and email id</b>
(a)			
(b)			
(c)			

**NOTES**

1. The applicant agrees and undertakes to settle all invoices within 30 days from the date of the invoice.
2. The applicant agrees to the general terms and conditions of the service provided by the company.
3. Simatech has exclusive right to cancel or reduce the credit limit granted depending on the clients payment record.
4. Any changes on the above should be notified in writing to the Credit Controller or the General Manager.

**REQUIRED ATTACHMENTS**

(Please attach the following along with the Credit Application)

- Letter addressed to the bank(s) (refer to clause 15) authorising the bank(s) to give Simatech information on Credit status.
- Copy of Commercial Registration.
- Copy of Trade Licence.
- Cheque / Bank guarantee for the required Credit limit.

Authorised Signature & Company Seal

Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Date : \_\_\_\_\_

**For Company use only**

Representative Signature : \_\_\_\_\_  
 Representative Name : \_\_\_\_\_  
 Customer Code : \_\_\_\_\_  
 Credit recommended days : \_\_\_\_\_ Credit limit : \_\_\_\_\_

Recommended by \_\_\_\_\_ Verified by \_\_\_\_\_ Approved by \_\_\_\_\_

\_\_\_\_\_  
 Dept./Signature                      Credit Manager                      Financial controller                      General Manager