

CREDIT APPLICATION FORM

IMPORTANT: Kindly complete all particulars in this form to facilitate the processing of your application.

To : The Manager
MPH Bookstores Sdn Bhd

Date : _____

Dear Sir

APPLICATION FOR CREDIT FACILITY CREDIT LIMIT APPLIED - RM _____

We wish to apply for a credit facility account with your Company. We furnish herewith the following particulars relating to our business:-

1. **Full Name of Business** : _____

2. **Business Address** : _____

3. **Telephone Number** : _____ **Fax Number** : _____

4. **Business/Co. Registration No.:** _____

5. **Date of Issue/Incorporation** : _____

6. **Authorised Capital** : _____ **Paid Up Capital** : _____

7. **Business Structure** : Sole Proprietor / Partnership / Sdn Bhd / Bhd
(Please provide : Certificate of Business, Form 24, Form 49, M&A and A&A)

8. **Nature of Business** : _____

9. **Name of Shareholders / Partners** :
(a) _____
(b) _____
(c) _____

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10. **Name of Directors (if a limited company):-**

- (a) _____
- (b) _____
- (c) _____

11. **Contact Person**

Designation

- (a) Purchasing Department : _____
- (b) Finance Department : _____

(kindly attach a copy of the business card)

12. **Name of Company Bankers**

Branch

Account

- (a) _____
- (b) _____

We hereby declare that the above information given is true and authorised your Company to check with our Bankers on any information you may require. We also undertake to make payments on our accounts on or before the expiry of the credit term given.

Name & Designation

(kindly attach your business card)

Authorised Signature & Company Stamp

FOR OFFICE USE ONLY

Recommended by	:	_____	(Manager/Executive)
Checked by	:	_____	(Accountant/Manager)
Approved by	:	_____	(Chief Operating Officer)
Credit Limit Approved	:	RM _____	Customer Number.: _____
Credit Term Approved	:	_____ days	Discount : _____ Rebates : _____

Remarks:-
