

**CUSTOMER CREDIT APPLICATION FORM**

Customer Name:		New	
Office Address:		Existing	
Plant Address:		Customer No:	
		Tel:	
		Fax:	
		Tel:	
		Fax:	
Contact Person:	Position:	Tel:	
Nature of Business:		Industry:	
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership		Intended as: <input type="checkbox"/> Exclusive Distributor <input type="checkbox"/> Non Exclusive Distributor <input type="checkbox"/> Direct End User	
Date Organized:		Date Organized:	
International Affiliation:			
BANK/BRANCH	Current Account No.	Bank Tel.	Bank Officer
1. _____	_____	_____	_____
2. _____	_____	_____	_____
Present Suppliers/Trade References (Name, Address, Tel. #):			
1. _____	_____		
2. _____	_____		
3. _____	_____		
4. _____	_____		
<b>Financial Information: (*mandatory information)</b>			
Annual Turnover*:	Production Capacity:	No. of Employees:	
Fixed Assets:	Current Assets:	Current Liabilities:	
Paid up Capital*:	Short term debt*:	Long term debt*:	
<b>Credit Information: (If existing customer)</b>			
Present Credit Limit: PHP	Present Credit Period:	days	
Last Year Turnover:	Average Pay Days:		
Total Receivables:	Thereof over 30 days:		
<b>Credit Proposal (Please complete &amp; (3) tick as appropriate)</b>			
<input type="checkbox"/> COD Customer < Php100,000 Yes/No (If yes, No credit approval required)			
<input type="checkbox"/> Other Customer			
1. Projected Sales (first 12 months):			
2. Proposed Credit Terms:			

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3. Proposed Credit Limit:  
} Calculated Limit : \_\_\_\_\_ (Expected Sales/360 x 1.1 times of Credit Period)  
} Other Recommended Limit: \_\_\_\_\_

**Justification for Credit proposal by Marketing**

(Comments shall include the highlights of customer's business performance, reasons for change in credit terms such as increase in customer's production capacity, new business development etc.)


**Finance:**

<p>} Required Supporting Docs:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Customer's financial statement received</li><li><input type="checkbox"/> One Recent Colored Photo of Applicant</li><li><input type="checkbox"/> DTI Permit</li><li><input type="checkbox"/> Business Permit</li></ul>	<p>} Reconciliation Account:</p>
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**Other Information Data:**

<p>TIN #: _____</p>	<p><input type="checkbox"/> Tax</p> <p><input type="checkbox"/> Vat Registered</p> <p><input type="checkbox"/> Non VAT</p> <p><input type="checkbox"/> Zero Rated Sales (export, etc.)</p>
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**Comments** (On financial position & credit worthiness of the customer based on information received)


\_\_\_\_\_  
Sales Executive

**Approval:**

\_\_\_\_\_  
Finance

\_\_\_\_\_  
General Manager/President