

CREDIT APPLICATION FOR OPENING BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Title		Date business commenced	
Company name			
Registered Address			
Authorized Signatory	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation	
Phone Fax	<input type="checkbox"/> Partnership	<input type="checkbox"/> Others	
COMPANY ACCOUNTS AND BANKING INFORMATION			
Bank Name			
Bank Branch Address			
Account Name			
Account Number		Currency	
Accounts Dept. Manager		E-mail	
Landline (Dir)		Mobile	
BUSINESS/TRADE REFERENCES			
Company name			
Address			
Phone		E-mail	
Contact person		Designation	
Company name			
Address			
Phone		E-mail	
Contact person		Designation	
Company name			
Address			
Phone		E-mail	
Contact person		Designation	
GENERAL CONDITIONS AND AGREEMENTS			

- Claims arising from any invoices must be made within seven (07) working days.
- By submitting this application, you authorize Ferro FPF to make inquiries into banking and business/trade references.
- Attach Passport copy and National ID for Authorized signatory and Company trade registration certificate.

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APPROVED CREDIT TERMS

All invoices are to be paid __ days _____ from the date of invoice and as per approved and agreed terms.

AUTHORIZATION & APPROVAL

Signature & Stamp (Client)		Signature & Stamp (Ferro FPF)	
Name and Title		Name and Title	
Date		Date	

NOTES