

Procurement and Supply Solutions Pvt Ltd

M.Carpenter Villa, 3rd Floor, Male' Maldives



Credit Application Form

BUSINESS CONTACT INFORMATION			
Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship	
Phone Fax		<input type="checkbox"/> Partnership	
E-mail		<input type="checkbox"/> Corporation	
Registered company address City, State ZIP Code		<input type="checkbox"/> Private Limited	
BUSINESS AND CREDIT INFORMATION			
City, State ZIP Code		Bank name:	
TIN Number		Primary business address	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
AGREEMENT			

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize [Company Name] to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE OF THE APPLICANT		
Signature		Company Seal/Stamp:
Name and Title		
Date		

FOR OFFICE USE			
CREDIT APPROVED BY			
FINANCE		DIRECTORS	
Signature		Signature	
Name and Title		Name and Title	
Date		Date	

- | DOCUMENTS TO BE SUBMITTED WITH THIS FORM |
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- 1. Company Registration Certificate
 - 2. Resort/Hotel Operating License
 - 3. Tax Registration Certificate