

## CREDIT APPLICATION FORM

1.	Name of Organization	:	_____				
2.	Business Address	:	_____				
		Post Code	:	_____	State	:	_____
3.	Business Tel. No.	:	_____	Fax No.	:	_____	
4.	Contact Person	:	_____				
		Designation	:	_____	Tel. No.	:	_____
5.	E-mail Address	:	_____				
6.	Registered Name and address of organization	:	_____				
		Post Code	:	_____	State	:	_____
		Tel. No.	:	_____	Fax No.	:	_____
7.	Business Registration No.	:	_____	Date of Incorporation	:	_____	
		<i>(Please attach copy of Form 49, 24 and 9)</i>					
8.	Principle Activities	:	_____				
9.	No. of employee in Branch	:	_____				
	Total no. of employees in Organization	:	_____				
10.	No. of years organization is in business	:	_____				
11.	Nature of business	:	_____				
12.	Type of Company	:	<i>(Please ( ) where applicable)</i>				
	Public Limited	<input type="checkbox"/>	Private Limited	<input type="checkbox"/>			
	Sole Proprietor	<input type="checkbox"/>	Others	<input type="checkbox"/>			
	Partnership	<input type="checkbox"/>	Please Specify	_____			
13.	Key Person (s) / Partner (s) Details						
		<b>NAME</b>		<b>NRIC</b>			
	I)	_____		_____			
	II)	_____		_____			
	III)	_____		_____			
	IV)	_____		_____			
	V)	_____		_____			
14.	Authorized capital	:	_____				
15.	Paid-up share capital	:	_____	Annual Income/Turnover	:	_____	

**Note** : To help us to process your credit application, please enclose any one of the following requirements:-

- |      |                               |     |  |
|------|-------------------------------|-----|--|
| I)   | Latest Annual Report          | II) | Company Profile (for newly incorporated companies) |
| III) | Latest set of audited account |     |  |

## EXTERNAL REFERENCES

(a) Trade / Business Reference Details:

	(1)		(2)
Name	: _____	Name	: _____
Address	: _____ _____	Address	: _____ _____
Tel. No.	: _____	Tel No.	: _____

15. Accounts / Finance Department Details:  
\_\_\_\_\_

16. Credit amount requested:

RM \_\_\_\_\_

We / I hereby declare that the information given above is correct.

We / I will undertake to settle all invoices directly with **ARTHA LOGISTICS SDN BHD** within the credit period of 14 days.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Company's Authorized Stamp

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## OFFICE USE ONLY

*For Marketing Department*

Company ID : \_\_\_\_\_

Registered by : \_\_\_\_\_

Date : \_\_\_\_\_

*For Accounting Department*

Account No. : \_\_\_\_\_

Initial by : \_\_\_\_\_

Date : \_\_\_\_\_