

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 Address : _____
Post Code : _____ State : _____
Tel. No. : _____ Fax No. : _____

7. Business Registration No. : _____ Date of Incorporation : _____

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 : (Please where applicable)

Public Limited Private Limited
Sole Proprietor Others
Partnership Please Specify _____

13. Key Person (s) / Partner (s) Details

	NAME	NRIC
I)	_____	_____
II)	_____	_____
III)	_____	_____
IV)	_____	_____
V)	_____	_____

14. Authorized capital : _____

15. Paid-up share capital : _____

Note : To help us to process your credit application, please enclose:-

- I) Company SSM Document II) Company Profile (for newly incorporated companies)

16. Accounts / Finance Department Details:

17. 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

For Marketing Department

Company ID : _____

Registered by : _____

Date : _____

For Finance Department

Account Code : _____

Verified by : _____

Date : _____