**AG International (PVT) LTD**

 **CREDIT APPLICATION FORM**

* NAME OF THE COMPANY: …………………………………………………………………………………………….
* POSTAL ADDRESS: ………………………………………………………………………………………………………….
* TEL NO : ………………………………………………FAX NO……………………………………………………………….
* CONTACT PERSON: ………………………………………………………………………………………………………….

TYPE OF ORGANIZATION (SOLE PROPRIETOR/PARTNERSHIP/LIMITED LIABILITY COMPANY/GOVTINSTITUTION)

* DETAILS OF OWNER/PARTNERS/DIRECTORS:

NAME PERSONAL ADDRESS NIC NO. PERSONAL TEL NO.

* OWNERSHIP OF BUSINESS PREMISES: OWNER/RENTED/LEASED………………………………………………..
* OTHER BUSINESS: ………………………………………………………………………………………………………………………
* REFEREES: ………………………………………………………………………………………………………………………………….

MODE OF TRANSACTION: …………………………………………………………………………………..

REQUIRED CREDIT PERIOD: ……………………………… ……………………………………………...

MODE OF PAYMENT: ………………………………………………………………………………………….

CONTACT PERSON NAME, ADDRESS, PHONE NUMBER FOR THE PAYMENT: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I CERTIFY THAT THE DETAILS GIVEN ABOVE ARE TRUE AND CORRECT.

DOCUMENTS REQUIRED

COPY OF THE BUSINESS REGISTRATION CERTIFICATE

BUSINESS INCORPORATIONCERTIFICATE

FORM 48(WHICHEVER IS RELEVANT TO YOURORGANISATION)

BANK STATEMENTS FOR PAST 6 MONTHS

CUSTOMER SIGNATURE DESIGNATION: …………………………..NAME: ………………………………..

COMPANY SEAL: DATE: ……………………………………..

**Office Use Only:**

* VALUE OF ITEMS PURCHASED PER MONTH FROM AG INATERNATIONAL:……………………………………..
* PRESENT CREDIT FACILITY (IF AN EXISTING CUSTOMER) :……………………………………………………………
* APPROVED CREDIT LIMIT : …………………………………………………………………………………………….. …………..
* APPROVED CREDIT PERIOD (IN DAYS) : …………………………………………………………..……………………………

SIGNATURE : DESIGNATION: NAME: DATE: