



Atlas Steel - P.n.g

APPLICATION FOR 45 DAYS CREDIT ACCOUNT

To: **Kenmore Limited T/A Atlas Steel PNG - Lae** **Kenmore Limited T/A Atlas Steel PNG - Port Moresby** Please tick appropriate box

Company or individuals name (hereinafter called "the Customer") Please use BLOCK LETTERS

.....
hereby requests that you allow it credit in respect of payment for such goods and services as may be supplied to the customer at the customer's request and not to require immediate payment upon delivery of goods or the provision of such services and in consideration of you so doing and in order to induce you, in your discretion, to grant such credit facilities to the customer. THE CUSTOMER REPRESENTS AND WARRANTS to you that the particulars set out below are true and correct in every particular and THE CUSTOMER AGREES with you as hereinafter set out and accepts the terms and conditions upon which you may supply goods and services as set out herein.

PARTICULARS OF APPLICATION

BUSINESS DETAILS

Full Company/Individual's Name.....Company No.....

Registered Trading Name.....IPA Certificate No.....

Type of Business: Public Company Limited Partnership Sole Trader Other Please tick appropriate box

If a subsidiary company, list name of Parent Company.....

Type/Nature of Business.....

Postal Address.....

Business Location: Section No.....Lot No.....Suburb.....

Telephone Number.....Fax Number.....

Email Address.....Website.....

General Manager's/Manager's Name.....

Contact(s) for Accounts.....

Date Business commenced.....Estimated Monthly Credit Required (PGK).....



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We acknowledge receipt of and accept the general terms and conditions and we certify that we are authorised to complete and sign the credit application form and that the information provided is true and correct to the best of our knowledge.

Further we undertake to advise Kenmore Limited trading as.....of any changes in that information and understand any material changes will not become effective until specifically acknowledged.

Date of Application...../...../.....

Company Stamp Here

Signed.....

Name.....

Position.....

BANK DETAILS

Name	Branch	Address	Telephone Number
.....
.....

TRADE REFERENCES

Name	Address	Telephone Number	Fax Number
(1).....
(2).....
(3).....

DIRECTORS/OWNERS DETAILS

Name	Address	Telephone Number
.....
.....
.....
.....

PERSONAL GUARANTEE

In consideration of your Granting Credit Facilities to.....
I personally guarantee payment of the account plus interest in accordance with your trading terms should the above fail to make payment in full.

Guarantor's Name.....Signature.....

Guarantor's Residential Address: Section No.....Lot No.....Suburb.....



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For the Company use only

A. REFERENCES CHECK

Name	Address	Telephone Number	Fax Number
(1).....
(2).....
(3).....

B. CREDIT APPROVAL

Credit Controller: Date...../...../..... Comments.....

Financial Controller: Date...../...../..... Comments.....

Manager/Branch Manager: Date...../...../..... Comments.....

General Manager: Date...../...../..... Comments.....

Customer Number: Credit Limit Approved (PGK).....

KENMORE HEAD OFFICE APPROVAL (IF CREDIT LIMIT REQUIRED AND APPROVED IS ABOVE PGK 500,000.00)

Financial Director: Date...../...../..... Comments.....

CEO: Date...../...../..... Comments.....

C. CUSTOMER NOTIFICATION

New Account Letter Issued: Yes No Date...../...../..... Comments.....

Please tick appropriate box

D. CUSTOMER MASTER FILE UPDATE DATA

Customer Number Name

ACCPAC Customer Data Base Created by:..... Date...../...../.....

Checked by:..... Date...../...../.....



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Date...../...../.....

Fax Number.....

To.....

.....

.....

Attention.....

Dear Sir / Madam,

RE: TRADE REFERENCE OPINION REQUEST FORM

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Your Company is one of the Trade References of the above client for purposes of application for Credit facility. We would be grateful if you could provide us below information relevant to the credit worthiness of

.....

1. Trading Terms with this Company? Cash 30 Days 45 Days 60 Days Please tick appropriate box

2. Credit Limit?.....

3. How long have you been trading with this Company?.....

4. Frequency of trading with this Company? Monthly x times in a year

5. Do you receive prompt payments on due date? Yes No

6. If 'No' above, are delay payments Sometimes Often

7. Your opinion and credit worthiness.....

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Referee's Signature.....

Position/Title.....

Date...../...../.....

We appreciate your time and kind assistance in filling-up the above information

Yours faithfully,