

Trade Relationship with Inmed

MKTG-CAF

Customer Name:

A. Customer on Cash Basis since _____ Month _____ Day _____ Year

B. Purchases made within the last 12 months

Date	Invoice Number	Amount	Date Paid	Amount Paid
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

TOTAL AMOUNT:

AVERAGE PER MONTH:

Business Trade Reference: (Companies/distributors with whom you do business on credit at present and which you authorize us to do credit checking)

Name / Designation	Address	No. of Years	Credit Limit/Term	Ave. Mo. Purchase	Contact Person / Tel.No
1.			₱		
			Days		
2.			₱		
			Days		
3.			₱		
			Days		

Properties Owned:

	Description/Location	Market Value	If Mortgaged, To Whom
Real Estate (Land / Bldg.)			
Vehicles			
Equipment			
Shares of Stocks			
Other Assets			

DESIRED CREDIT LIMIT:

DESIRED CREDIT TERM:

For credit limit application above **PhP 100,000.00**, please submit the following documents:

BANK CERTIFICATION OF AVERAGE DAILY BALANCE FOR THE LAST 6 MONTHS.

LAST AUDITED FINANCIAL STATEMENT.

Applied by:

Business Name:

Authorized Representative's Printed Name & Signature

Date:

For Official Use Only (Please do not fill this portion)

Information verified by : _____ Date : _____

Approved credit limit : _____ Credit Term: _____ Approved by : _____

Comments on approval : _____

Disapproved by : _____ Date : _____

Comments on Disapproval : _____