

THE MANAGER,  
OFFICEWORKS,  
NO:33/1 DEHIWALA RD,  
PEPILYANA,  
BORALESGAMUWA.

## APPLICATION FOR CREDIT FACILITIES

1. Registered Name .....
2. Business Address .....
3. Telephone .....
- Fax .....
- E- Mail .....
4. V.A.T Registration .....
5. Business Registration Number .....
- (Please attach photocopy of Business Registration Form)
6. Contact Person .....
- Designation .....
7. Nature of Business .....
8. Names of Proprietors/ Directors/ Partners .....
9. Personal Address of Proprietors/ Senior Partner / Managing Director .....
10. ID Card No. Of Proprietors/ Senior Partner / Managing Director .....
11. Particulars of Bank Account (s)

- (a) Name of Bank (s) and/or Branch(s) .....
- (b) Account Number(s) .....
- (c) Name of Account Holder .....
- (d) Could we obtain a reference form your bank (s)? .....

12. Organization from which you enjoy credit facilities  
 .....

13. Amount of Credit Required per Month  
 .....

14. Would you furnish a Cash Deposit/ Bank Guarantee?  
 .....

**CONDITIONS**

If your Credit Application is accepted you are required to

- (a) Settle all bills within credit period
- (b) If your cheques are dishonored your credit facility will be terminated or you  
 Will be charged a cheque return fee

I declare that the information furnished by me is correct and agree to the conditions stated above.

.....  
 Signature with Rubber Stamp Date

**FOR OFFICE USE ONLY**

Approved Credit Limit		Credit period	
Approved By		Date	
Remarks			

