

## P.O BOX 1150, PORT MORESBY, NCD

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## **CREDIT APPLICATION**

I/We the undersigned having authority to sign on behalf of:			
hereby request you to open a Credit Ad	ccount in the	name of:	
TYPE OF BUSINESS:			
POSTAL ADDRESS:			
LOCATION OF BUSINESS:			
PHONE NO:			
EMAIL ADDRESS ( if any ):			
APPROXIMATE VALUE OF THE MONTH	PURCHASE:	Κ	
TRADE REFERENCES			
NAME/COMPANY:	ADDRESS:		PHONE NO:
1:			
2:			
3:			
NAME OF CHIEF EXECUTIVE OFFICER:			
DIRECTORS:			
1:			
DATE INCORPORATED: COMPANY NO:			
AUDITOR:			
I request to open an account as detaile	d below:		
1. I agree to pay for all goods purchase	30 days fron	n the date of the Invoice.	
2. I agree to Expedient Transport charg	ing me/us in	terest at current bank rate	es on that
portion of my account 60 days over			
3. I fully understand that my account m	nay be closed	without notice should I fa	ail to
adhere to these terms.			
SIGNATURE OF APPLICANT:			
DATE:		COMPANY STAMP:	