

CREDIT APPLICATION FORM

1.	Name of Organization	:	_____				
2.	Business Address	:	_____				
		Post Code	:	_____	State	:	_____
3.	Business Tel. No.	:	_____	Fax No.	:	_____	
4.	Contact Person	:	_____				
		Designation	:	_____	Tel. No.	:	_____
5.	E-mail Address	:	_____				
6.	Registered Address	:	_____				
		Post Code	:	_____	State	:	_____
		Tel. No.	:	_____	Fax No.	:	_____
7.	Business Registration No.	:	_____	Date of Incorporation	:	_____	
8.	Principle Activities	:	_____				
9.	No. of employee in Branch	:	_____				
	Total no. of employees in Organization	:	_____				
10.	No. of years organization is in business	:	_____				
11.	Nature of business	:	_____				
12.	Type of Company	:	<i>(Please () where applicable)</i>				
	Public Limited	<input type="checkbox"/>	Private Limited	<input type="checkbox"/>			
	Sole Proprietor	<input type="checkbox"/>	Others	<input type="checkbox"/>			
	Partnership	<input type="checkbox"/>	Please Specify	_____			
13.	Key Person (s) / Partner (s) Details						
		NAME		NRIC			
	I)	_____		_____			
	II)	_____		_____			
	III)	_____		_____			
	IV)	_____		_____			
	V)	_____		_____			
14.	Authorized capital	:	_____				
15.	Paid-up share capital	:	_____				

Note : To help us to process your credit application, please enclose:-

- I) Company SSM Document II) Company Profile (for newly incorporated companies)

16. Accounts / Finance Department Details:

17. Credit amount requested:

RM _____

We / I hereby declare that the information given above is correct.

We / I will undertake to settle all invoices directly with **ARTHA LOGISTICS SDN BHD** within the credit period of 14 days.

Applicant's Signature

Company's Authorized Stamp

Name

Date

OFFICE USE

For Marketing Department

Company ID : _____

Registered by : _____

Date : _____

For Finance Department

Account Code : _____

Verified by : _____

Date : _____