



CREDIT APPLICATION FORM

ORGANISATION / INDIVIDUAL APPLYING FOR CREDIT A CREDIT FACILITY

.....

TYPE OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION

N.B Copy of business registration is required Credit amount requested:.....

BANK REFERENCE

BANK NAME: _____ ACCOUNT #: _____

CONTACT: _____ PHONE#: _____

ADDRESS: _____

PERSON (S) AUTHORIZED TO SIGN PURCHASE ORDERS

- (1) Name:.....Signature:.....
Designation:.....
- (2) Name:.....Signature:.....
Designation:.....

Please affix
company stamp here

BILLING ADDRESS OF APPLICANT:

PHONE:

FAX:.....

RECOMMENDED NOT RECOMMENDED

.....

Signature - Metro Personnel

IF CREDIT IS APPROVED THE APPLICANT AGREES:

1. To pay each invoice on or before the time stated on the invoice.
2. That total existing credit must not exceed the limit approved.
3. To pay any restocking fees and/or freight charges, if applicable, on any unauthorized returned merchandise.
4. To pay all reasonable costs of collection, including any collection fees, or legal fees.
5. **Customer must apply for a credit score, which must accompany this credit application.**
6. 2% Interest would be attracted to payments not made within the approved credit period (30 Days).

Name of authorized signatory on behalf of applicant

Authorized signature (Applicant)

Date

Designation

On Behalf of METRO

Date

Designation