#

APPLICATION FOR INCREASED CREDIT LIMIT

GENERAL INFORMATION

1/ _____ _____ _____
LAST NAME | FIRST NAME | OTHER NAMES

(Please submit legible copy of ID Card/Passport (Bio Page))

2/ _____
NAME OF BUSINESS

3/ _____
BUSINESS ADDRESS

4/ _____ _____ _____
TELE. NO. (HOME) | TELE. NO. (OFFICE) | TELE. NO. (CELL)

ACCOUNT INFORMATION

5/ _____ _____
ACCOUNT NUMBER | EXISTING CREDIT LIMIT

6/ PROPOSED CREDIT LIMIT: $ _____ (FIGURE)

_____ (WORDS)

7/ REASON(S): _____

_____ _____
CUSTOMER'S SIGNATURE | DATE

_____
COMPANY STAMP

FOR INTERNAL USE ONLY

	SIGNATURE	DATE
Branch Manager/ Salesman/Manager		
Marketing Director		
Credit Control Manager		
Finance Director		
Corporate Legal Officer		
Chairman/Managing Director		

COMMENTS:

_____

_____

_____

[ ] APPROVED [ ] REJECTED