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## APPLICATION FOR INCREASED CREDIT LIMIT

## GENERAL INFORMATION

1/			
	LAST NAME	FIRST NAME	OTHER NAMES
2/		NAME OF BUSINESS	
3/	The state of the s	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):		
//	REASON(S).		
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	CUSTOMER'S SIGNATURE		DATE
	COMPANY STAMP		
		FOR INTERNAL USE ONLY	
1100	Branch Manager/	SIGNATURE	DATE
	Salesman/Manager		
	Sales & Marketing Executive		
	Credit Control Manager		
	Finance Controller		
	Corporate Legal Officer		
	Human Resources Director		
	Co-Managing Director/		
	Marketing Director		
	Chairman/Managing Director		
	COMMENTS:		
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	[ ] APPROVED		[ ] REJECTED
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