
 <b>F2 GLOBAL LOGISTICS</b> LET'S MOVE. NOW.	<h1>Credit Application Form</h1> <h2>Forms and Templates</h2>		<b>Document Number:</b>  FM-SAL-12.01
	<b>Department:</b> Global - Sales	<b>Effective Date:</b> May 6, 2021	<b>Revision No</b> 0

	<b>CREDIT APPLICATION FORM</b>	<b>Document No.:</b> FM-SAL-12.01 <b>Effective date:</b> May 6, 2021 <b>Revision No.:</b> 0 <b>Department:</b> Sales
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 *Note: Incomplete information / documents will defer processing of your application. Kindly fill up this form in full.*


<b>I. BUSINESS DETAILS:</b>	
Registered Business Name: _____	
Registered Business Address: _____	
Telephone No. (s): _____	Fax No. (s): _____
Billing address: _____	
Type of Organization: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Line of Business: _____	
Date Established/Incorporation: _____	
Registration: S.E.C No. _____	Date: _____
D.T.I. No. _____	Date: _____
Tax Identification No. _____	
<b>II. OWNERS, PARTNERS, OFFICERS OR DIRECTORS OF THE COMPANY:</b>	
Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
<b>III. AUTHORIZED SIGNATORY OF COMPANY:</b>	
1. Name: _____ Position: _____	
Signature: _____	
2. Name: _____ Position: _____	
Signature: _____	
<b>IV. ESTIMATED VOLUME of BUSINESS per MONTH in TEUs / TONNAGE:</b>	
EXPORT: _____	IMPORT: _____
<b>V. CREDIT REFERENCES:</b>	
BANKS / FINANCIAL INSTITUTIONS	
1. Name: _____ Telephone No: _____	
Address: _____ Contact Person: _____	
2. Name: _____ Telephone No: _____	
Address: _____ Contact Person: _____	
3. Name: _____ Telephone No: _____	
Address: _____ Contact Person: _____	

**DDC: This Document is already Approved and Posted on Intranet.**

*Please refer to printed files for signatures of approvers.*

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TOP TRADE CUSTOMER	
1. Name: _____	Telephone No: _____
Address: _____	Contact Person: _____
2. Name: _____	Telephone No: _____
Address: _____	Contact Person: _____
3. Name: _____	Telephone No: _____
Address: _____	Contact Person: _____
4. Name: _____	Telephone No: _____
Address: _____	Contact Person: _____
5. Name: _____	Telephone No: _____
Address: _____	Contact Person: _____
TOP TRADE VENDOR / SUPPLIERS	
1. Name: _____	Telephone No: _____
Address: _____	Contact Person: _____
2. Name: _____	Telephone No: _____
Address: _____	Contact Person: _____
3. Name: _____	Telephone No: _____
Address: _____	Contact Person: _____
4. Name: _____	Telephone No: _____
Address: _____	Contact Person: _____
5. Name: _____	Telephone No: _____
Address: _____	Contact Person: _____
VI. ACCREDITATION REQUIREMENTS:	
<b>Mandatory Requirements</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Latest Audited Financial Statements for the last two (2) years duly received by BIR or Statements of Accounts for newly opened companies (if any)</li> <li><input type="checkbox"/> 2. Mayor's Permit</li> <li><input type="checkbox"/> 3. BIR Registration (2303)</li> </ul> <b>Other Requirements (if any)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 4. Company Profile</li> <li><input type="checkbox"/> 5. SEC/DTI</li> </ul>	

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	<h3>CREDIT APPLICATION FORM</h3>	<b>Document No.:</b> FM-SAL-12.01 <b>Effective date:</b> May 6, 2021 <b>Revision No.:</b> 0 <b>Department:</b> Sales

<input type="checkbox"/> 6. Latest BOI Registration (if needed) <input type="checkbox"/> 7. Latest PEZA Registration (if needed)		
<b>I hereby certify that all information contained herein is true and correct</b>		
<b>Name / Signature</b>  _____	<b>Official Designation</b>  _____	<b>Date Signed</b>  _____

<b><i>For Internal Use Only</i></b>	<b><i>Reviewed date and by:</i></b>
<i>Recommend Credit Limit and Period:</i>	<i>Recommend by and Date:</i>
<i>Approved Credit Limit and Period:</i>	<i>Remarks:</i>
<i>Approved by and Date:</i>	<i>Approved by and Date:</i>

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