

THE MANAGER,
FINE LINE SUPPLIERS,
UG. 117-121,
PEOPLE'S PARK SHOPPING COMPLEX,
COLOMBO 11.

APPLICATION FOR CREDIT FACILITIES

1. Registered Name
2. Business Address
3. Telephone
- Fax
- E- Mail
4. V.A.T Registration
5. Business Registration Number
- (Please attach photocopy of Business Registration Form)
6. Contact Person
- Designation
7. Nature of Business
8. Names of Proprietors/ Directors/ Partners
9. Particulars of Bank Account (s)
 - (a) Name of Bank (s) and/or Branch(s)
 - (b) Account Number(s)
 - (c) Name of Account Holder
 - (d) Could we obtain a reference form your bank (s)?
10. Organization from which you enjoy credit facilities
11. Amount of Credit Required per Month
12. Would you furnish a Cash Deposit/ Bank Guarantee?

CONDITIONS

If your Credit Application is accepted you are required to

- (a) Settle all bills within credit period
- (b) If your cheques are dishonored your credit facility will be terminated or you Will be charged a cheque return fee

I declare that the information furnished by me is correct and agree to the conditions stated above.

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Signature with Rubber Stamp Date

FOR OFFICE USE ONLY

Approved Credit Limit		Credit period	
Approved By		Date	
Remarks			