

Credit Form version 11

Credit Application

Dear Customer

In order for us to facilitate a better service for you, we request you to fill out this credit application form. We assure you that all information completed on this application will be kept confidential and will only be used for our internal records for the accounts department.

1.0 Customer Information

This section is to be completed by the customer

1.01 Date :	<input type="text"/>
1.02 Name of Company :	<input type="text"/>
1.03 Physical Address :	<input type="text"/>
1.04 Postal Box :	<input type="text"/>
1.05 Town / City :	<input type="text"/>
1.06 Telephone Number :	<input type="text"/>
1.07 Fax Number :	<input type="text"/>
1.08 Email Address :	<input type="text"/>
1.09 Nature of Business :	<input type="text"/>
1.10 Date of Incorporation :	<input type="text"/>
1.11 Certificate of Incorporation #	<input type="text"/>
1.12 VAT No. :	<input type="text"/>
1.13 TIN No. :	<input type="text"/>

Please attach with this Credit Form copies of the Certificate of Incorporation, Vat number and Tin Number

2.0 Previous credit facility

This section is to be completed by the customer. Mark the appropriate boxes with an 'X'

	Yes	No
2.01 Have you ever been given credit by A&A Computers Ltd. ?	<input type="checkbox"/>	<input type="checkbox"/>
2.02 If you have, has any of your payments to A&A Computers Ltd. been overdue for more than 15 days?	<input type="checkbox"/>	<input type="checkbox"/>
2.03 Remarks:	<input type="text"/>	
	<input type="text"/>	

3.0 Customer's Contact Persons Details

This section is to be completed by the customer

<p>Primary Contact - Administration Department</p> <p>3.01 Name: <input type="text"/></p> <p>3.02 Designation: <input type="text"/></p> <p>3.03 Direct Tel: <input type="text"/></p> <p>3.04 Mob. phone: <input type="text"/></p> <p>3.05 Email: <input type="text"/></p>	<p>Secondary Contact - Administration Department (If Any)</p> <p>3.06 Name: <input type="text"/></p> <p>3.07 Designation: <input type="text"/></p> <p>3.08 Direct Tel: <input type="text"/></p> <p>3.09 Mob. phone: <input type="text"/></p> <p>3.10 Email: <input type="text"/></p>
<p>Accounts Contact - Your accounts Department</p> <p>3.11 Name: <input type="text"/></p> <p>3.12 Designation: <input type="text"/></p> <p>3.13 Direct Tel: <input type="text"/></p> <p>3.14 Mob. phone: <input type="text"/></p> <p>3.15 Email: <input type="text"/></p>	<p>CEO/MD Contact - Your Chief Executive</p> <p>3.16 Name: <input type="text"/></p> <p>3.17 Designation: <input type="text"/></p> <p>3.18 Direct Tel: <input type="text"/></p> <p>3.19 Mob. phone: <input type="text"/></p> <p>3.20 Email: <input type="text"/></p>

4.0 Credit Specifics

This section is to be completed by the customer. Mark the appropriate boxes with an 'X'

Order Placement:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 4.01 We place orders verbally, and accept goods | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.02 We only use a formal Purchase Order or LPO | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.03 We would like to send LPO's by email | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.04 We would like to send LPO's by fax or by courier | <input type="checkbox"/> | <input type="checkbox"/> |

If goods are to be purchased by a Purchase Order or Local Purchase Order the following people, with their names, designations and their respective signatures indicated, will have the authority to issue the Purchase Order or Local Purchase Order.

- | | | | |
|-------------------|--|-------------------|--|
| 4.05 Name: | | 4.08 Name: | |
| 4.06 Designation: | | 4.09 Designation: | |
| 4.07 Signature: | | 4.10 Signature: | |

Payment Option:

- | | |
|-------------------------------------|--------------------------|
| 4.11 Cash: | <input type="checkbox"/> |
| 4.12 Cheque on delivery: | <input type="checkbox"/> |
| 4.13 Monthly settlement of account: | <input type="checkbox"/> |
| 4.14 Telegraphic Transfer: | <input type="checkbox"/> |

If by telegraphic transfer then please give your Bank details below:

- | | |
|----------------------|--|
| 4.15 Bank Name: | |
| 4.16 Branch: | |
| 4.17 Bank Address: | |
| | |
| 4.18 Bank Account #: | |

Credit Period Required:

- | | |
|------------------------|--------------------------|
| 4.19 Cheque in advance | <input type="checkbox"/> |
| 4.20 7 Days | <input type="checkbox"/> |
| 4.21 14 Days | <input type="checkbox"/> |
| 4.22 21 Days | <input type="checkbox"/> |
| 4.23 30 Days | <input type="checkbox"/> |

I understand that completing this form is not a guarantee that **A&A Computers Ltd.** will approve the application for credit facilities.

I also understand that if any credit terms are given by **A&A Computers Ltd.**, then this credit term is only valid for the period January 200 to December 2010

I also understand that all invoices issued to my Company/Organization will be made in United States Dollars (USD) and will be either be paid in United States dollars or in the equivalent Tanzanian Shillings value at FBME Bank buying rate for telegraphic transfers

5.0 Credit Terms

The customer hereby agrees that the credit facilities will be subject to the following conditions:

- a) Terms of credit are strictly as approved below and all accounts must be paid before the end of the credit days for each and every invoice. It is the responsibility of the purchaser to ensure receipt of invoice, delivery note and/or statements or any document relating to any purchases made by him/her/the company. Payments should be made to **A&A Computers Ltd.** as per the approval given from your requested payment option.
- b) If goods acquired on credit are not paid for, then **A&A Computers Ltd.** has the option to come in and impound the goods. However the goods given to you / your company are your responsibility and if damaged or stolen while in your possession, you shall be responsible for their damage or loss. Hence all goods purchased from **A&A Computers Ltd.** should be fully insured by you for this purpose
- c) Interest at the rate of 2% per month will be charged on all overdue accounts (at the discretion of **A&A Computers Ltd.**)
- d) The company may apply to my / our bankers for a bank reference or to any reference notified by me / us.
- e) I / We agree to any inverse of prices due to fluctuations in the exchange rates or for any other reason which is beyond that of **A&A Computers Ltd.** on parts or equipment which are in our possession and which have not been paid for yet.

- f) Discounts given at time of purchase will be forfeited if payment is not received before stipulated date.
- g) No discounts will be granted whilst an account is closed
- h) If the credit limit has been reached and/or is surpassed, then the balance beyond the credit limit will be paid in cash.
- i) Any dispute regarding accounts and/or concerning spares or equipment collected or services rendered will not be accepted unless received by **A&A Computers Ltd.** in writing by REGISTERED letter within 30 days.

By signing below, I/We, on behalf of the company/organisation mentioned, seeking credit, agree that all the above information is true and correct. By signing below, I, on behalf of the company/organisation seeking credit guarantee to make payments for all purchases made from **A&A Computers Ltd.** as per the terms finally approved by **A&A Computers Ltd.** I/We understand **A&A Computers Ltd.** also reserves the right to revoke any/all credit without any prior notice. I/we also understand that all approvals/rejections are at the sole discretion of **A&A Computers Ltd.** By completing and submitting this form, I/W and my company/organisation agree to all terms and conditions guiding this credit facility.

5.1 Name: _____ 5.2 Designation: _____ 5.3 Signature: _____ 5.4 Date: _____	5.5 Name: _____ 5.6 Designation: _____ 5.7 Signature: _____ 5.8 Date: _____
5.9 Sample stamp to be used by your company: <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

6.0 Approval Details

This section is to be completed by an authorized personnel of A&A Computers Ltd. only.

Proposed Credit Details by Salesperson

Credit Period: _____
 Proposed Credit Limit: \$ _____
 Payment term: _____
 Credit Type - _____
 Single Purchase Credit
 Revolving Credit for 2006 / 2007
 Salesperson: _____

Request Authorised by (Accts. Dept.)

Name: _____
 Designation: _____
 Comment: _____

 Signature: _____
 Date: _____

Approved Credit Details

Credit Period: _____
 Proposed Credit Limit: \$ _____
 Payment term: _____
 Credit Type - _____
 Single Purchase Credit
 Revolving Credit for 2006 / 2007
 Authorized by: _____

Credit Authorised by

Name: _____
 Designation: _____
 Comment: _____

 Signature: _____
 Date: _____

Stamp of Approval: