



**PRIORITY HANDLING LOGISTICS, INC.**  
1618-B Copernico St., San Isidro, Makati City  
Tel. No.: 843-7484, 843-7639, 844-2851  
Telefax: 729-3022

Account No.:

## CREDIT APPLICATION

Date:

### BUSINESS INFORMATION

NAME OF BUSINESS		NATURE OF BUSINESS	
ADDRESS		BUSINESS ORGANIZATION: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Proprietor	
TEL. NO.	FAX	CREDIT LIMIT APPLIED FOR	
EMAIL	PHONE	CREDIT TERMS <input type="checkbox"/> 7 DAYS <input type="checkbox"/> 15 DAYS <input type="checkbox"/> 30 DAYS    from date of Invoice	

### Contact Person for Collections

NAME	POSITION	SPECIMEN SIGNATURE

### Cheque Signatories

NAME	POSITION	SPECIMEN SIGNATURE

### Key Officers

NAME	POSITION	SPECIMEN SIGNATURE

### Major Creditors (at least 3)

COMPANY NAME	CONTACT PERSON	TELEPHONE NO.

### Bank References

BANK / BRANCH / ACCOUNT NO.	CONTACT PERSON	TELEPHONE NO.

In agreement of your Credit Facility, we the applicant hereby agree to: -

1. Make full payment of accounts within the credit term;
2. Advise of any changes in address, accountant, or principal officers; signatories
3. Understand that credit facility will be suspended and legal proceedings will be initiated if full settlement is not received within the stipulated term; and
4. Understand that the credit facility will only be given provided our monthly usages is above PHP3,000.00. Otherwise, we will have to pay cash immediately upon collection of consignment.

\_\_\_\_\_

Applicant's Signature over Printed Name

\_\_\_\_\_

Designation

Please Attached Photocopies of the following Requirements:

1. For Single Proprietorship - DTI Registration
2. For Corporation and Partnership - SEC Registration with Articles of Incorporation

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FOR OFFICIAL USE ONLY

Account introduced by: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_ on \_\_\_\_\_  
Credit Approved PHP \_\_\_\_\_ Terms \_\_\_\_\_ Effectivity \_\_\_\_\_  
If disapproved, state reason: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Approving Officer's Signature

\_\_\_\_\_

Designation