

## Credit Limit Application Form

### COMPANY INFORMATION

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Director Name: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

**Accounts Payable Contact**

Name: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

### CREDIT ACCOUNT INFORMATION

Desired Credit Limit: \_\_\_\_\_  
 Credit Expiration Date: \_\_\_\_\_

**Authorized Signatories**

	Name (Printed Name)	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____

**Securing Credit Card Information**

Issuing Bank: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_ CC Number: \_\_\_\_\_

### TERMS AND CONDITIONS

1. Your Company shall settle all payment due to OFFICEWORX, LTD within five (5) days upon receipt of the monthly statement of account.
2. OFFICEWORX, LTD shall be authorized to charge your Company's credit card in case the company failed to comply with the agreed 5-day period account settlement.
3. OFFICEWORX, LTD may terminate the credit line provided to the Company without prior notice in any event that both credit line and credit card accounts become in default.
4. I/we certify that all information stated in this application are true and correct.

Authorized Representative : \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Date

Sign in the Presence of : \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Date

### Management Use Only

Received By: _____ <span style="margin-left: 150px;">(Signature)</span>	Verified By: _____ <span style="margin-left: 150px;">(Signature)</span>
Date : _____	Date : _____

Approved by: \_\_\_\_\_  
Marcus Ebanks, Managing Director \_\_\_\_\_  
Date