



APPLICATION FOR CREDIT

INR USD Sing \$ Others

PLEASE FILL THIS COMPLETELY AND ACCURATELY. INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

Firm Name :	_____		
Address :	_____		
City/PIN :	_____	State :	_____
Phone :	_____	Fax :	_____
e-mail :	_____	Mobile :	_____

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Public Limited Company Listed/Unlisted
Year of Incorporation :	_____	No. of employees :	_____
Equity/Capital :	_____	Net Worth :	_____
Total Sales Turnover :	_____	(Financial Year _____)	
Total turnover for similar products :	_____	Projected purchase from Ingram	_____
Annual report attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audited Financial Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earlier transaction with Ingram :	Duration:: _____	Value:	_____
Current Sourcing : Company Name:	_____		Annual Purchase INR: _____
Authorized Officer # 1		Authorized Officer # 2	

Sales Tax Code	<input type="text"/>	Jurisdiction:	<input type="text"/>
Central Excise No.	<input type="text"/>	Jurisdiction:	<input type="text"/>
Income Tax PAN	<input type="text"/>	Credit Limit Requested: Rs.	_____
Credit Terms: Net	<input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 21 <input type="checkbox"/> 30 <input type="checkbox"/> Others	_____	
Payment Terms :	<input type="checkbox"/> Advance DD <input type="checkbox"/> Current Dated Cheque <input type="checkbox"/> Post Dated Cheque <input type="checkbox"/> Local Pay Order		

Ref: SAFC/29/2/00/DS

Notes: Additional information to support your applications:

This is to authorize us to verify your Bank/Trade credentials. Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with agreed-upon terms.

Past due accounts: The undersigned agrees to pay all penalties / Service charges, reasonable legal/ court fees incurred in the collection of past due amounts subject to maximum allowed by law.

PLEASE GIVE YOUR BANK AND TRADE REFERENCES OVERLEAF.

Continued...

BANK REFERENCE

Bank Name: _____	Contact : _____
Address : _____	Credit Limit: _____
_____	A/C No. : _____ Type: _____
Phone : _____	Collateral : <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____

TRADE REFERENCE # 1

Firm Name : _____	Credit Limit: _____	Terms: _____
Address : _____		
City/PIN : _____	State : _____	
Phone : _____	Fax : _____	

TRADE REFERENCE # 2

Firm Name : _____	Credit Limit: _____	Terms: _____
Address : _____		
City/PIN : _____	State : _____	
Phone : _____	Fax : _____	

Supporting Documents Required.**Limited Company (For credit limit over Rs. 10 Lacs).**

Memorandum of Association, Articles of Association, Certificate of Incorporation, Audited Balance Sheet for 2 years, Provisional Balance Sheet for period exceeding 6 months, Permanent Address of Managing Director/ Any two directors, Sales Tax Registration Certificate, IT PAN. Signature authentication by Banker with photograph of MD.

Partnership Firm (For credit limit over Rs. 5 Lacs).

Copy of Partnership Deed, Certificate of Registration of Registered Firm, Audited Balance Sheet for 2 years, Provisional Balance Sheet for period exceeding 6 months, Permanent Address of all partners, Bank Pass Sheet for 6 months, Sales Tax Registration Certificate, IT PAN. Signature authentication by Banker with photograph of Managing Partner.

Sole Proprietor (For credit limit over Rs. 2 Lacs).

Copy of Bank Pass Sheet for 1 year, Permanent Residential Address of Proprietor, Proof of Residential Address. Sales Tax Registration Certificate, IT PAN. Signature Authentication by banker with photograph of Owner.

We hereby agree to pay the value of goods/services purchased/provided to us on the due date as per agreed terms and conditions of sale.

(PLEASE SIGN & AFFIX COMPANY SEAL)

FOR INTERNAL OFFICE USE ONLY

Received on : _____	Reviewed by: _____																
Credit Terms Approved: <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 21 <input type="checkbox"/> 30 <input type="checkbox"/> COD <input type="checkbox"/> Sight Draft <input type="checkbox"/> LC DA 30/60 days <input type="checkbox"/> Others _____																	
Shipment Against : <input type="checkbox"/> Post Dated Cheques Only <input type="checkbox"/> Bank Cheques Only <input type="checkbox"/> Advance Payment <input type="checkbox"/> LC _____ Days																	
Estimated Monthly Revenue: _____	Recommended by : _____ Branch Head : _____																
Authorized by: <input type="checkbox"/> Branch Head <input type="checkbox"/> Regional Head <input type="checkbox"/> VPS <input type="checkbox"/> VPM <input type="checkbox"/> HQ - India <input type="checkbox"/> HQ - Singapore																	
Credit Limit USD: _____	Credit Approved/Revoked Sign:																
Credit Limit INR : _____	<table border="1"> <thead> <tr> <th>Ref. Number</th> <th>Approved date</th> <th>Approved amount</th> <th>Current Balance</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Ref. Number	Approved date	Approved amount	Current Balance												
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