

DALBIT



PETROLEUM

BETTER CHOICE

Application For Credit Facilities

Corporate Credit Application.

(STRICTLY CONFIDENTIAL)

FULL COMPANY NAME:

TYPE OF BUSINESS (Pls. tick one):

RESELLER
RETAIL
CONSUMER
TRANSPORT
OTHER (Pls. specify)

TYPE OF ENTERPRISE (Pls. tick one):

SOLE PROPRIETOR
PARTNERSHIP
LIMITED COMPANY
OTHER (Pls. specify)

POSTAL ADDRESS:

PHYSICAL ADDRESS:

TELEPHONE NUMBER(S):

FACSIMILE NUMBER(S):

E-MAIL ADDRESS:

**COMPANY REGISTRATION
NUMBER:**

REGISTERED ADDRESS:

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COMPANY SECRETARY:

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COMPANY AUDITORS:

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P.I.N. NUMBER:

--

V.A.T. NUMBER:

--

ASSOCIATED COMPANIES (if any):

1.	
2.	
3.	
4.	

DIRECTORS & SHAREHOLDERS

1.	
2.	
3.	
4.	
5.	
6.	
7.	

SENIOR MANAGEMENT & TITLES

1.	
2.	
3.	
4.	
5.	

1ST TRADE REFERENCE (NAME, ADDRESS, CONTACT PERSON(S), TELEPHONE NUMBER(S), E-MAIL ADDRESS:

2ND TRADE REFERENCE (NAME, ADDRESS, CONTACT PERSON(S), TELEPHONE NUMBER(S), E-MAIL ADDRESS:

AGREEMENT:

I / We hereby authorize my / our bank(s) to provide a confidential report to Dalbit Petroleum on my / our credit worthiness.

INITIALS OF MANANGING DIRECTOR

I / We have attached a copy of my / our Company's Memorandum and Articles of Association.

I / We hereby assure my / our full co-operation with the Credit Reference Bureau (CRB) in verifying the information herein.

I / We understand that in the event that I / we violate our credit terms, the credit provider may list our name and the transaction details with the CRB.

I / We hereby agree that in the event I / we fail to meet payment of all interest charges, legal expense and debt collection fees incurred as a result of recovering the outstanding amounts, the amounts due will be borne jointly and severally by the registered shareholders of the company.

I / We understand that failure to comply with the above terms will result in the withdrawal of credit facilities.

WARNING: SHOULD THIS CREDIT APPLICATION BE APPROVED, YOU WILL BE REQUIRED TO REPAY THE FULL AMOUNT OWED STRICTLY WITHIN THE CREDIT TERMS APPROVED. FAILURE TO DO SO WILL RESULT IN THE LOSS OF YOUR CREDIT FACILITY AND THE CREDIT PROVIDER RESERVES THE RIGHT TO TAKE ANY ACTION IT DEEMS FIT TO RECOVER ITS MONIES.

I / WE HAVE READ, FULLY UNDERSTAND AND AGREE TO ABIDE BY THE TERMS STATED ABOVE UNDER WHICH CREDIT WILL BE GRANTED IF MY / OUR APPLICATION IS SUCCESSFUL.

FULL NAME (print).

TITLE:

SIGNATURE:

DATE:

**CHECKED & RECOMMENDED BY:
(ACCOUNT MANAGER)**

(FOR OFFICIAL USE ONLY)
COMMENTS FROM THE REGIONAL SALES MANAGER

APPROVED / NOT APPROVED

**CREDIT LIMIT APPROVED (KSH).
CREDIT PERIOD APPROVED**

SIGNATURE AND DATE

COMMENTS FROM THE FINANCE MANAGER

APPROVED / NOT APPROVED

SIGNATURE AND DATE

COMMENTS FROM THE SUPPLY & LOGISTICS MANAGER

APPROVED / NOT APPROVED

SIGNATURE AND DATE

COMMENTS FROM THE C.E.O

APPROVED / NOT APPROVED

SIGNATURE AND DATE