



Credit Applications Form	Customer Code:	
	Doc Rev:	ALX
	Eff Date:	

**** To be completed by applicant ****

PRIVATE & CONFIDENTIAL

Name of Company: _____

Co. Registration No: _____

Registered Address: _____

Business Address: _____

Owned :

Rented :

Date of Incorporation: _____

Nature of Business: _____

Manufacturing : Trading : Services : Others :

Incorporation Status: _____

Sole Proprietor : Partnership : Private Ltd Co : Public Ltd Co :

Office Tel.: _____

Fax No.: _____

Invoice Currency: _____

SST Registration No: _____

Credit Facilities	
CREDIT LIMIT	
Amt. Applied For :	
Credit Period :	days

Proprietor / Partners / Directors / Management Staffs :

Name	Identification No.	Designation	Email Address	Contact No.

**Account/Finance
References :**

Name	Identification No.	Designation	Email Address	Contact No.

Bank's Information :

Name	A/C No.	Branch Address

Additional Documents Require :

1) Company Registration Forms

(Malaysia: Forms 9 / 24 and 49) , (Overseas: Local Company Registration Documents)

DECLARATION

To :

SKYLOG SDN BHD

No 9-1, Jalan Sungai Burung Z32/Z,

Bukit Rimau, Seksyen 32, 40460 Shah Alam,

Selangor, Malaysia

I, Identification No.,

Acting on behalf of

Hereby declare that the information given above is true and shall undertake to promptly inform

..... of any changes to the information supplied and agree to accept the trading terms as follows :-

(a) To settle all outstanding debts within approved credit term days upon invoice date or according to the terms of sale, irrespective of whether the maximum amount of credit has been reached.

(b) SKYLOG SDN BHD reserves the right to withhold approval for credit facilities and may cancel all credit facilities at its absolute discretion without giving any reasons whatsoever and may demand full settlement immediately of all sums that may be owing by me/us at such time.

(c) No assurance security or payment which may be avoided under any enactments relating to bankruptcy or under Sections 293 or 294 of the Companies Act 1965 or any statutory modification or re-enactment thereof and no release settlement or discharge which may have been given or made on the faith of any such assurance security or payment shall prejudice or affect your right to recover from me/us or any one of us to the full extent of this DECLARATION as if such assurance security payment release settlement or discharge (as the case may be) had never been granted given or made.

(d) All sums payable by me/us under this DECLARATION shall be paid in full without set-off, counterclaim, condition or qualification or any nature whatsoever.

(e) I/we confirm that the contents and effects of this DECLARATION have been explained to me/us and I/we have fully understood the same before signing this DECLARATION.

By signing below, I/we warrant the above information given by/us is true and correct

Prepared By :

Date :

Signature / Signed By :

Company Stamp :

Date :

Designation :

Mobile Number :

For OFFICE Use Only

Recommended by:
Name:
Date:

Verified by
Name:
Date:

Approved by
Name:
Date:

Credit Limit Approved :

Credit Period :

.....

Signature & Date