

Business Name / Company Name		
Address		
Telephone		Fax No.
E-mail		
FORM OF BUSINESS ORGANIZATION		
<input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
SEC No.	VAT	
DTI	TIN No.	
ADMINISTRATIVE INFORMATION		
Position	Name	Birth Date
President/ Gen. Manager		
Sales Manager		
Finance Manager		
Traffic Manager		
Nature of Business		
Shipping Information (Commodity, Import/Export, Terms of Shipment, Origin Destination, Etc.)		
BANKING INFORMATION		
Depository Bank	Branch	Acct. no.
CHECK SIGNATORIES		
Name	Position	Specimen Signature
OTHER INFORMATION		
Your Contact in Coltrans		
Request for Credit Term (No. of Days)		
Date Filed		
Filed by		
FOR COLTRANS USE ONLY		
	<input type="checkbox"/> Credit Term Approved <input type="checkbox"/> Credit Limit Approved <input type="checkbox"/> Credit Term Denied <input type="checkbox"/> Recommended By _____ <input type="checkbox"/> Approved By _____	