



CMC CREDIT APPLICATION FORM

General Information

Business Name: _____
Trading Name: _____
Date Incorporated: _____ Company No: _____
Registered Address: _____
Business Address: _____
Telephone: _____
Name of Parent Comony (if Subsidiary): _____

Finacial Information

Fiancial Institution: _____
Address: _____
Telephone: _____
Contact Person: _____
Email Address: _____

Authorized Signatures for visits:

Name: _____
Signature: _____
Name: _____
Signature: _____
Name: _____
Signature: _____
Name: _____
Signature: _____

Company Directors

Name: _____
Address: _____
Telephone: _____

Name: _____
Address: _____
Telephone: _____

Application Authorized By

Position with Company: _____
Name: _____
Signature: _____
Date: _____