

CREDIT APPLICATION

	Food & Beverage / Hygiene Products Hospitality Date: / /			
PLEASE NOTE: This credit facility is <u>not</u> extended to Cigarette products.				
1.	Company / Business Name and GST Number:			
2.	Primary Contact (Please Print):			
3.	Social Security No.:			
4.	Credit Limit Requested: \$ Bze 5. Length of time in business			
6.	Business Address: # Street Name			
7.	P.O. Box No City / Town			
8.	Telephone No. (Work): (Cell): (Fax):			
9.	Email: Web:			
10. Name/s of Bank/s you deal with and authorize MADISCO to check for reference:				
	A) Tel			
	B) Tel C) Tel			
	C) Tel			
11. List three (3) companies with whom you currently carry a CREDIT ACCOUNT and with whom you authorize MADISCO to check for reference:				
	A)Tel			
	B) Tel			
	C) Tel			
12. Person/s who is/are authorized to sign Purchase Orders: (Please print names)				
	1 Signature:			

 2.

 3.

 Signature:

PLEASE READ TERMS & CONDITIONS

- 13. TERMS OF CREDIT: Not to exceed *7 *14 *28 days (or as may be arranged and noted on the invoice or in writing.
- 14. <u>DECLARATION</u>: I declare that the information above is true and accurate, and that I have carefully read and understand the following:
 - A) An interest rate of 2% per month will be charged on overdue accounts. i.e. Any account overdue in excess of 7,14 or 28 days from date of invoice.
 - B) That in the event that legal or other action has to be taken to recover any amounts owing to MADISCO, all expenses, including legal or other fees, is to be paid by the applicant.
 - C) A surcharge of \$30.00 applies to returned cheques, in addition to any bank charges.
 - D) That I agree to the above and authorize MADISCO to check with any or all the "References" supplied in Sections 10 and 11 for Credit Rating.
 - E) In the event of a default all relevant information will be submitted to the Belize Credit Bureau or other similar organizations.

Agreed by, for and on behalf of the Applicant:

(Please print name of applicant clearly and in full)

PLEASE DO NOT WRITE BELOW THIS LINE FOR OFFICIAL USE ONLY				
15. Credit ratings verified by:	Date:			
16. Account No.:	Credit Limit Approved: \$		Bze	
17. Applicant informed of approval and account no. by:				
Signature:	Date:			
Industry: ☐ Hospitality Customer Type (Misc. Cod Account Assigned to:	·			
	□N1 □S1 □SP □W1			
Payment Terms: 🛛 🛛 🕁	ays Credit (S.T.C) 14 Days Credit	□28 Days Credit		
Completed by:	Approved by:			
Date of Approval:	Details entered by:			

N.B.: This facility is not transferable. (Copy of this approval may be sent to the applicant.)