



**THE STATIONERY SUPERMARKET**

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NCD, PNG  
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Fax: (675) 325 0302

PO BOX 2507, LAE  
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www.theodist.com.pg

# Credit Account Application

## A. COMPANY INFORMATION

Name of Company \_\_\_\_\_ IPA No. \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Registered Address \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Email \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Date of Incorporation \_\_\_\_\_

### Details of Partners/Directors

|           |                 |
|-----------|-----------------|
| Full Name | Private Address |
| _____     | _____           |
| _____     | _____           |
| _____     | _____           |

Please tick applicable:  Sole Trader  Partnership  Limited Company

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ Account No \_\_\_\_\_

## B. CONTACT DETAILS

### Contact Name for Accounts:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Authorized Officers

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Trade References (minimum 3)

| Trading Name | Address/Telephone No. | Contact Name |
|--------------|-----------------------|--------------|
| 1. _____     | _____                 | _____        |
| 2. _____     | _____                 | _____        |
| 3. _____     | _____                 | _____        |

P. O. Box 1618 Boroko, NCD  
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Email: accounts@theodist.com.pg

**Please Note:**

- 1. Please enclose your IPA certificate copy with this application form.
- 2. Attach supporting documents to confirm address and contact details. (Eg. Business Card / Yellow Pages copy)
- 3. Director/Proprietor to sign on each and every page.
- 4. Attach Director/Proprietor passport/driver licence copies.

**Suggested Credit Limit K** \_\_\_\_\_

**GUARANTEE AGREEMENT**

Dated the \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

In consideration of your granting credit facilities of up to K \_\_\_\_\_ I/We agreed to be bound by your terms which were understood to be settled in full within 30 days of date of statement and that interests will be charged at a rate to be determined by the company not exceeding 5% per month on amounts unpaid when due and in consideration of your giving the credit at my/our request. I/We hereby, on behalf of the company, guarantee the payment of its account(s) with you.

**The COMMON SEAL of the applicant Company was hereinto affixed by authority of its Board of Directors**

**Director/Proprietor**

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact No \_\_\_\_\_

**Director/Proprietor**

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact No \_\_\_\_\_

**Witness**

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact No \_\_\_\_\_

**Witness**

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact No \_\_\_\_\_

|                                  |                   |
|----------------------------------|-------------------|
| <b>For THEODIST LTD use only</b> |                   |
| Approved Credit limit K _____    | (Amount in words) |
| Approved by: _____               | Date: _____       |