

BUSINESS CREDIT APPLICATION FORM**Customer Information & Payment Facility Request (30-60-90 Days)**

SECTION 1: BUSINESS INFORMATION

- **Legal Business Name:** _____
 - **Commercial Registration (CR) No:** _____
 - **Tax ID / VAT Number:** _____
 - **Business Address:** _____
 - **Phone Number:** _____ **Email:** _____
 - **Years in Business:** _____ **Legal Form:** (LLC / JSC / Sole Proprietorship)
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SECTION 2: REQUESTED CREDIT TERMS*Please select the requested payment facility:*

- **30 Days** Net from Invoice Date
 - **60 Days** Net from Invoice Date
 - **90 Days** Net from Invoice Date (*Requires Audited Financials*)
 - **Estimated Monthly Credit Limit Requested:** \$ _____
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SECTION 3: TRADE REFERENCES*Please provide three current suppliers who provide you with credit terms:*

1. **Company Name:** _____ **Contact Person:** _____
Phone/Email: _____ **Credit Limit:** _____
2. **Company Name:** _____ **Contact Person:** _____
Phone/Email: _____ **Credit Limit:** _____
3. **Company Name:** _____ **Contact Person:** _____
Phone/Email: _____ **Credit Limit:** _____

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SECTION 4: BANKING INFORMATION

- **Bank Name:** _____ **Branch:** _____
- **Account Number / IBAN:** _____

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SECTION 5: REQUIRED ATTACHMENTS

Please ensure the following are attached to this application:

- Copy of Valid Commercial Registration (CR).
- Copy of VAT Certificate.
- Bank Statements for the last 6 months.
- ID of the Authorized Signatory.
- Audited Financial Statements (Required for 90-day terms only).

SECTION 6: DECLARATION & AUTHORIZATION

I, the undersigned, certify that the information provided is true and correct. I authorize [**MADA TRADE CO.**] to conduct a credit investigation and contact the references listed above. I understand that all credit facilities are subject to approval and periodic review.

Authorized Signatory Name: _____

Title: _____ **Date:** ____ / ____ / 2026

Signature & Company Stamp: _____