

- 1) Name of Company / Firm / Sole Proprietor / Person \_\_\_\_\_
- 2) ID / Passport No. \_\_\_\_\_ Nationality \_\_\_\_\_
- 3) Registered address of company / firm / person \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Nature of Business / Occupation \_\_\_\_\_
- 5) Telephone No: \_\_\_\_\_ (Office) \_\_\_\_\_ (residence)
- 6) Name of Bankers and address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7) Type of Account with the Bank \_\_\_\_\_
- 8) Account No: \_\_\_\_\_
- 9) Q: Do you agree to your bankers releasing to me / us information about your account?  
A:  Yes  No
- 10) I / we hereby agree that this credit is available to me / us upon presentation of bills and agree to pay interest at the rate of 1½ % per month for all outstanding charges beyond that said period.
- 11) I / we understand that facilities conferred upon me / us, if approved, may be withdrawn by Centara Hotels & Resorts at any time at its absolute discretion.
- 12) Q: Do you personally agree to absolutely guarantee payment in case of default?  
A:  Yes  No
- 13) Q: Do you have credit facilities with other hotels?  
A:  Yes  No If "Yes" please provide name of hotels \_\_\_\_\_  
\_\_\_\_\_
- 14) Please list authorized signatory on space provide below.

\_\_\_\_\_

Date

\_\_\_\_\_

Authorized Signature of Applicant

Name \_\_\_\_\_

Destination \_\_\_\_\_

ID / Passport No: \_\_\_\_\_

Company Stamp: \_\_\_\_\_

\_\_\_\_\_

Witness

**AUTHORIZED SIGNATORY**

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

Name \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Designation \_\_\_\_\_

**FOR OFFICIAL USE**

Brief description on financial standings:

Sales Manager

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Front Office Manager

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Credit Manager

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Recommendations:

Sales Manager

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Front Office Manager

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Credit Manager

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Credit :       approved       disapproved

\_\_\_\_\_  
CFO/SVP-Finance

\_\_\_\_\_  
President/CEO