



CREDIT APPLICATION

Company Information

Company Name:			
Address (Street Name and Number)		City	
State/Province		Country/Post Code	
Phone:	Fax:		
CEO/Controller			
Phone:	Fax:		
Account Payable			
Phone:	Fax:		
Business Nature:	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trading	<input type="checkbox"/> Others
Year Established:			

Banking Information

Name of Bank		
Address (Street Name and Number)		City
State/Province		Country/Post Code
Contact Person		Account Number
Telephone		Fax

Trade References

Company Name (1)		
Address (Street Name and Number)		City
State/Province		Country/Post Code
Phone:	Fax:	
Contact	Title/Position	
Company Name (2)		
Address (Street Name and Number)		City
State/Province		Country/Post Code
Phone:	Fax:	
Contact	Title/Position	
Company Name (3)		
Address (Street Name and Number)		City
State/Province		Country/Post Code
Phone:	Fax:	
Contact	Title/Position	

We hereby solicit the opening of an account with ORITE Ingredient Ltd. And certify that all of the information provided on this form are true and correct. We hereby accept and agree to abide by the terms and conditions of doing business with ORITE. We agree to pay all ORITE's invoices upon receipt or request. We hereby agree to pay upon request to ORITE an additional charge of 18% per annum, calculated on a rate of 1.5% per month on any and all unpaid ORITE's invoices.

Print Name:	Title:
Signature:	Date: