

APPLICATION FOR CREDIT

* Required Field							
*Firm Name:			*Registered Number:				
*Business Phone:			*Year Business Started:				
*Bill To:		*Ship To:					
*Street:			*Street:				
*City:			*City:				
*State:		*Zip:		*State:		*Zip:	
Parent Company: (if applicable)			Year Business Started:				
Street:			Attach Copy of Sales Tax Exempt Certificate (if applicable)				
City:							
State:		Zip:					
ESTIMATED PURCHASES FROM PHYTOS BIOSCIENCES				COMPANY OFFICIALS			
Yearly Purchases:		RM		Pres./Owner:			
Credit Limit Request:		RM		Treas./Controller:			
Current Assets:	RM	Current Liabilities:		RM			
Total Assets:	RM	Total Liabilities:		RM			
Annual Assets:	RM	After Tax Profit/Loss:		RM			
TRADE INFORMATION							
Bank:			*Phone:				
Street:		*City:		*State:		*Zip:	
*Supplier:			*Phone:				
*Street:		*City:		*State:		*Zip:	
*Supplier:			*Phone:				
*Street:		*City:		*State:		*Zip:	
*Supplier:			*Phone:				
*Street:		*City:		*State:		*Zip:	
*What is your preferred method of payment? <input type="checkbox"/> Electronic Fund Transfer or <input type="checkbox"/> Cheque							
*How would you like to receive your invoice? <input type="checkbox"/> Email: _____ or <input type="checkbox"/> Fax: _____							
YOUR ACCOUNT PAYABLE CONTACT INFORMATION							
*Name:			*Email:				
*Phone:			*Fax:				

Authorised Signature: _____ Date: _____

Print Name: _____

Official Stamp: