

## Credit Application

**Important:** This application has eight sections: (1) Applicant information, (2) Business description, (3) Owners, Senior Management and Finance Officer, (4) Financial information, (5) Financial firms, (6) International trade specifics, (7) Buyer information, and (8) Supplier information. After completing the application, we suggest that you save or print a copy for your records. All information will be kept confidential and will not be transferred to any third party (with the exception of credit insurance sponsors) without your prior authorization.

If you prefer communicating with World Capital Market, Inc. management before completing this application, please use the Contact page.

*Note: Items with \* are mandatory.*

### APPLICANT INFORMATION

#### Applicant

*Company Name	<input type="text"/>		
*Legal Form	<input type="text"/>		
*Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
*City	<input type="text"/>	*Country	<input type="text"/>
*State/Province	<input type="text"/>	*Zip/Postal Code	<input type="text"/>
*Telephone	<input type="text"/>	*Fax	<input type="text"/>
*Web Address	<input type="text"/>		

#### Contact Person

*Contact Name	<input type="text"/>		
*Title	<input type="text"/>		
*Telephone	<input type="text"/>	*Fax	<input type="text"/>
*Email	<input type="text"/>		

#### Parent Company (If available)

Company Name	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
State/Province	<input type="text"/>	Zip/Postal Code	<input type="text"/>
Web Address	<input type="text"/>		

**BUSINESS DESCRIPTION**

\*Type of business

\*Primary Industry

\*Date Established  \*No. of Employees

Tax ID Number  Export Permit No.

\*Main Trading Country

**OWNERS, SENIOR MANAGEMENT AND FINANCE OFFICER**

**\*Name 1**

\*Title

\*Address Line 1

Address Line 2

\*City  \*Country

\*State/Province  \*Zip/Postal Code

\*Telephone

\*Email

**Name 2**

Title

Address Line 1

Address Line 2

City  Country

State/Province  Zip/Postal Code

Telephone

Email

**Finance Contact**

\*Name

\*Title

\*Telephone

\*Email

**FINANCIAL INFORMATION**

Base Currency

Profitability

Total Assets	<input type="text"/>
Issued Capital	<input type="text"/>
Ending Inventory	<input type="text"/>
Working Capital	<input type="text"/>
*Annual Sales	<input type="text"/>
*Net Worth	<input type="text"/>
*Credit Agency	<input type="text"/>
*Rating/Score	<input type="text"/>
*Bankruptcy in Past	<input type="text"/>
*Insolvency in Past	<input type="text"/>

*Applicant is required to submit the latest Financial Statements or if new business, the projected financial statements (via fax, by hand or by post) within five (5) business days of this application. Failing which, this application will be ignored in its entirety.*

**FINANCIAL FIRMS**

**Bank**

*Bank Name	<input type="text"/>		
*Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
*City	<input type="text"/>	*Country	<input type="text"/>
*State/Province	<input type="text"/>	*Zip/Postal Code	<input type="text"/>

*Bank ID Number	<input type="text"/>
*Account Number	<input type="text"/>
*Account Name	<input type="text"/>
*Primary Bank Contact	<input type="text"/>
*Telephone	<input type="text"/>
*Date Account Established	<input type="text"/>
*Use of Account	<input type="text"/>

**Signatory Authority**

*Signatory Name	<input type="text"/>
*Signatory Title	<input type="text"/>
*Signatory Telephone	<input type="text"/>

**CPA Firm**

\*Company Name

\*Contact/Title

\*Address Line 1

Address Line 2

\*City  \*Country

\*State/Province  \*Zip/Postal Code

\*Contact Phone

\*Contact Email

**Factor**

\*Company Name

\*Contact/Title

\*Address Line 1

Address Line 2

\*City  \*Country

\*State/Province  \*Zip/Postal Code

\*Contact Phone

\*Contact Email

**INTERNATIONAL TRADE**

\*Frequency of International Trade Transactions

\*Maximum Size of International Trade Transaction

(in US dollars)

Foreign Exchange Based Transaction as a Percentage of International Trade Transaction.

(Estimated %)

**Primary Logistic Provider**

\*Provider Name

\*Contact Name

\*Contact Telephone

\*Contact Email

**BUYER INFORMATION** Primary Buyers of your Company (up to 5)

**Buyer 1**

*Company Name	<input type="text"/>		
*Contact Name	<input type="text"/>		
*Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
*City	<input type="text"/>	*Country	<input type="text"/>
*State/Province	<input type="text"/>	*Zip/Postal Code	<input type="text"/>
*Contact Phone	<input type="text"/>		
*Contact Email	<input type="text"/>		

**Buyer 2**

Company Name	<input type="text"/>		
Contact Name	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
State/Province	<input type="text"/>	Zip/Postal Code	<input type="text"/>
Contact Phone	<input type="text"/>		
Contact Email	<input type="text"/>		

**Buyer 3**

Company Name	<input type="text"/>		
Contact Name	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
State/Province	<input type="text"/>	Zip/Postal Code	<input type="text"/>
Contact Phone	<input type="text"/>		
Contact Email	<input type="text"/>		

**Buyer 4**

Company Name	<input type="text"/>		
Contact Name	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>

State/Province  Zip/Postal Code

Contact Phone

Contact Email

**Buyer 5**

Company Name

Contact Name

Address Line 1

Address Line 2

City  Country

State/Province  Zip/Postal Code

Contact Phone

Contact Email

**SUPPLIER INFORMATION** Primary Suppliers of your Company (up to 3)

**Supplier 1**

\*Company Name

\*Contact Name

\*Address Line 1

Address Line 2

\*City  \*Country

\*State/Province  \*Zip/Postal Code

\*Contact Phone

\*Contact Email

**Supplier 2**

Company Name

Contact Name

Address Line 1

Address Line 2

City  Country

State/Province  Zip/Postal Code

Contact Phone

Contact Email

**Supplier 3**

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Company Name	<input type="text"/>		
Contact Name	<input type="text"/>		
Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
State/Province	<input type="text"/>	Zip/Postal Code	<input type="text"/>
Contact Phone	<input type="text"/>		
Contact Email	<input type="text"/>		

**\*Brief Description of Credit Sought**

*You have reached the end of this application form. Please review your application thoroughly for any errors and click "Submit" to submit your online application to World Capital Market, Inc*

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