



Please submit completed form organization profile and financial report to:

**Bio-REV PTE LTD**  
 36 Toh Guan Road East #01-39  
 Enterprise Hub Singapore 608580  
 Fax: (65) 6273 3020  
 Email : [sales@bio-rev.com](mailto:sales@bio-rev.com)

## Application for Credit (Terms are NET 30)

**New credit accounts are subject to review and approval.**

Please include latest company/organization profile and financial report on company letterhead with your completed application. Missing information will delay approval or may result in denial of the application.

**Print or type information to be legible.**

Please allow 5-7 working days after receipt of completed application for credit approval.

**\* Required Information**

Company Name	
Legal Name *	
Trade Name (if any)	
Parent Company (if any)	

Registered Local Address			
Street Address *			
City *	State/Province *	Zip/Postal Code *	Country *
Telephone (Including Country Code) *	Fax (Including Country Code) *	E-mail *	
Website Address			

Company Details		
Year of Establishment *	Country of Incorporation *	Date Incorporated *
Business Registration No. / ID *		
Business Entity (Delete as Appropriate) *		
Private Limited / Sole Proprietorship / General Partnership / Limited or Limited Liability Partnership / Branch or Representative Office / Subsidiary Company		
Nature of Business		
President/Owner(s) *	Designation *	
1. 2. 3.		
Finance Controller *	Contact *	Email *
Certification (Delete as Appropriate) *ISO registered vendor/s is preferred and when possible will take precedence over non ISO registered vendor/s		
ISO 14000 / ISO 9001 : 2000 / EN46002 / ISO 13485 : 2003 / TS 16949		

### Company Financial Details

Authorized Capital *	Paid-up Capital *	
Annual Sales Turnover/Financial Year (Provide figures for the past 3 financial years in appropriate currency) *		
Shareholders and Shareholdings (Provide details and % share for at least 3 shareholders) *		
Person-in-charge	Contact	Email

### Billing Address (Invoices will be sent to this address.)

Please check with your accounts payable department to verify the correct billing address for your organization.

Billing Department	Contact Person (Complete First & Last Name)		
Street Address *			
City *	State/Province *	Zip/Postal Code *	Country *
Telephone (Including Country Code) *	Fax (Including Country Code) *	E-mail *	

### Bank Details

Name of Bank *			
Account Number *		Account Currency	
Bank Code *	Branch Code *	Swift / Routing / ABA Code (if any)	
Bank Street Address *			
City *	State/Province *	Zip/Postal Code *	Country *

### Trade References \*

Do not include banks, insurance companies, customs brokers or shipping companies.  
Potential vendor is requested to nominate (either their supplier/s and/or customer/s) as their trade references.

Trade Reference 1 *			
Company Name	Contact Person	Business Registration No. / ID	
Street Address			
City	State	Zip/Postal Code	Country
Telephone (Including Country Code)	Fax (Including Country Code)	E-mail	

Trade Reference 2 *			
Company Name		Contact Person	Business Registration No. / ID
Street Address			
City	State	Zip/Postal Code	Country
Telephone (Including Country Code)		Fax (Including Country Code)	E-mail

Trade Reference 3 *			
Company Name		Contact Person	Business Registration No. / ID
Street Address			
City	State	Zip/Postal Code	Country
Telephone (Including Country Code)		Fax (Including Country Code)	E-mail

In the reliance on the statements and representations above and on the Agreement set out below.

Bio-REV may from time to time and at the sole discretion of its Credit Department, extend credit to the firm named in this Agreement with regard to purchases by such firm, from or through Bio-REV of goods and services. If credit is extended, the firm named in this Agreement agrees with Bio-REV as follows:

1. The firm will pay when due, according to Bio-REV terms and conditions, all bills, statements, accounts and invoices from Bio-REV, any such payment to be made to Bio-REV at its office, or any such other place or places Bio-REV may direct.
2. That all past-due accounts shall bear the maximum legal rate of interest.
3. That the firm agrees to pay any reasonable attorney fees and court costs incurred in any efforts to enforce payment of sums due by the company or to collect the same.
4. That Bio-REV at its sole discretion, at any time, ceases further extensions of credit to the firm.
5. That any firm with returned or stop payments checks will be placed on C.O.D. Cashiers Check only terms, indefinitely.

**THE ABOVE INFORMATION AS WELL AS THAT GIVEN ON THE ENTIRE CREDIT APPLICATION DOCUMENT IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE.**

I/We authorize Bio-REV Pte Ltd to investigate the references listed above and perform a general credit check as it pertains to the applicant's credit financial responsibility. I/We also acknowledge that in the event our account becomes delinquent, Bio-REV Pte Ltd may report to credit agencies and/or forward our account to a collections service.

**Authorized By:** (please print/type) **X** \_\_\_\_\_ **Title:** **X** \_\_\_\_\_

**Signature** **X** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have any queries or questions regarding the status of your application, contact us by phone at (65) 6273 3022 or e-mail us at [sales@bio-rev.com](mailto:sales@bio-rev.com).

**For Official Use ONLY**

Approval	
Purchasing Manger (Delete as Appropriate) Approved / Reject / KIV	Print Name & Signature
Head of Finance (Delete as Appropriate) Approved / Reject / KIV	Print Name & Signature