

- 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 2% 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- 11) I / we understand that facilities conferred upon me / us, if approved, may be withdrawn by Centara Hotels & Resorts at any time at its absolute discretion.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

_____ Designation

_____ ID / Passport No:

_____ Company Stamp:

_____ Witness

AUTHORIZED SIGNATORY

_____ Signature

_____ Signature

_____ Name

_____ Name

_____ Designation

_____ Designation

FOR OFFICIAL USE

Brief description on company background and financial standings:

Sales Manager

Front Office Manager

Credit Manager/Financial Controller

Recommendations:

Sales Manager

Front Office Manager

Credit Manager/Financial Controller

Credit : approved disapproved

Financial Controller

General Manager

Corporate Credit Manager

SVP Finance & Admin

Chief Operating Officer

Chief Executive Officer