



**APPLICATION FOR DIRECT BILLING/ CREDIT FACILITY**

Name of Company:

.....

Address:

.....  
.....

Phone: ..... Fax: ..... E-mail:.....

Business Registration No: ..... Date of Establishment:.....

Type of Business:

.....

Turnover & Net Assets (*attach latest audited financial statement*):

.....

Name of Proprietors/ Partners / Directors

Name:	Position:
.....	.....
.....	.....
.....	.....

Affiliation with other aviation companies/ association:

.....

Credit facilities with other large companies in Indonesia:

Company:	Limit:	Effective Date:
.....	.....	.....
.....	.....	.....
.....	.....	.....

Bank Reference:

Banker:	Address:	Account Number:
.....	.....	.....
.....	.....	.....
.....	.....	.....



Amount of credit line applied for (IDR/ US\$):

.....

*We hereby confirm that information given above is true and correct, and if there are any material changes to the foregoing information we will inform you immediately. We also confirm that we have requested our banker(s) to provide direct credit reference to your company. We agree that our account will be settled before credit line is exceeded or within 14 days of your statement of account and that we have obtained necessary approval for making the remittances to your wherever applicable.*

\_\_\_\_\_  
Printed Name & Signature

\_\_\_\_\_  
Printed Name & Signature

\_\_\_\_\_  
Title / Position

\_\_\_\_\_  
Title / Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

- Registration Articles of Incorporation and by-laws and subsequent amendments
- Latest Audited Financial Statements

Just for AFM's Credit Committee:

Conclusion:

**APPROVED/ NOT APPROVED**

Credit Line Approved: IDR/US\$ .....

Other Conditions:

.....  
.....  
.....

\_\_\_\_\_  
Printed Name & Signature

\_\_\_\_\_  
Printed Name & Signature

\_\_\_\_\_  
Title / Position

\_\_\_\_\_  
Title / Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date