



Exodus Parcels Limited

The Managing Director
Exodus Parcel Limited
P.O. Box 39692 - 00623
Nairobi
Date: _____

Application for Credit Facilities

1. I/We, the undersigned, hereby make an application for a credit account to be opened in your books in our name.
2. We agree and undertake the payment of our in-debtness to Exodus Parcels Limited will be made in full immediately upon demand.
3. I/We agree and understand that settlement upon demand is a condition for granting credit facilities and if at any time we fail, credit will be withdrawn without prior notice to us and Exodus Parcels Limited reserves the right to take necessary action to ensure payment.

a. Full name (Block Letters)		
b. Postal Address		
c. Physical Address		
d. Telephone No.		
e. Fax No.		
f. Nature of Business		
g. Bank's name and Address		
h. Trade Reference (Name and Address)		
i. Maximum amount of credit required per month: KES		
j. Credit terms: 30 days from date of invoice.		
k. Addressed Invoice to		
l. For and on behalf of Company/Organization		
_____	_____	_____
Name and Signature	Position Held	Company Stamp