



The Avenue Group

Avenue Hospital, Avenue Healthcare, Avenue Rescue Services & Avenue Homecare

CORPORATE CREDIT FACILITY QUESTIONNAIRE

A. COMPANY INFORMATION

Trading Name: _____

Registration No. _____ Date Registered _____

Date commenced trading _____ Nature of business _____

VAT No. _____ PIN No. _____

B. ADDRESS

P.O. Box: _____ City / Town _____ Post Code _____

Physical Address: _____

Email Address _____

C. DIRECTORS

	Name	Nationality	Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

D. MANAGEMENT

(i) Managing Director

Name _____ Telephone No: _____

Nationality _____ Fax No: _____

Email address _____

(ii) Financial Controller / Accountant

Name _____ Telephone No: _____

Nationality _____ Fax No: _____

Email address _____

(iii) Personnel / Human Resource Manager

Name _____ Telephone No: _____

Nationality _____ Fax No: _____

Email address _____

E. CREDIT REFERENCES

	Company Name	Contact Person	Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

F. BANKERS

Bank _____ Branch _____

Physical address _____ PO Box _____ Town & Code _____

Telephone _____ Fax _____

G. LEGAL INFORMATION

The business is a:- Private Ltd. Co. Public Ltd. Co. NGO
 Sole Proprietorship Partnership Other _____

AUTHORIZED SIGNATORIES (For Letters of Undertaking and / or Sick Sheets)

	Name	Designation	Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

H. FACILITIES REQUESTED & DECLARATION We kindly request AG to open an account with:-

Avenue Hospital (*Inpatient*) Avenue Healthcare (*Outpatient*) Avenue Rescue (*Patient Transport*)
 Avenue Homecare (*Nursing & Equipment rental*) Credit limit requested: Kshs. _____

We hereby confirm that to the best of our knowledge, the above information relating to (Insert Company Name) _____ is true and we agree to abide by the credit terms approved by Avenue Group.

SIGNED by the CLIENT)
 Authorized Signatory:)
)
)

Affix Company Stamp

Date: _____

For Official Avenue Group use only					
Deposit Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Kshs 50,000 - Outpatient <input type="checkbox"/>	Kshs 50,000 - Inpatient <input type="checkbox"/>	
Terms Approved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	30 Days <input type="checkbox"/>	60 Days <input type="checkbox"/>	Other <input type="checkbox"/> _____
Credit Limit:	Kshs _____		Contract signed : Yes <input type="checkbox"/>		No <input type="checkbox"/>
Account Number (s):	_____ & _____			Effective Date: _____	
Confirmed by:	_____ Credit Manager			Date: _____	
Confirmed by:	_____ Managing Director			Date: _____	