



SUPPLYHUB COLLABORATIVE SUPPLY APPLICATION FORM

Supplier Details

- 1. Supply Company Name _____
- 2. Supply Company Address _____
- 3. RC Number _____ TIN _____
- 4. Promoter Name _____
- 5. Promoter Address _____
- 6. Alternative Bank account _____

Transaction details

Invoice

- 1. Manufacturer/Source supplier invoice amount _____
- 2. Invoice Number _____
- 3. Description of goods _____
- 4. Amount requested _____
- 5. Percentage of invoice value requested _____

Additional costs

- 1. Description of cost _____
- 2. Cost _____

Total supply cost

- 1. Total Cost _____

Purchase order

- 1. Purchase order Value _____
- 2. Purchase order Number(s) _____
- 3. Payment Term _____

Contact Person

- 1. Customer contact person name _____
- 2. Customer Contact person email _____
- 3. Customer contact person phone _____

Commercials (To be filled last)

- 1. Total Expected profit _____
- 2. Profit sharing formular _____
- 3. Supplier Expected Profit _____
- 4. SupplyHub Expected Profit _____

SIGNED for and on behalf of the within named Agent

LIMITED

Name:
Title:
Signature and Date:

Name:
Title:
Signature and Date:

SIGNED for and on behalf of **THE ALTERNATIVE BANK LIMITED**

Name:
Title:
Signature and Date:

Name:
Title:
Signature and Date:

Acceptance (For internal use)

This Application is :

Approved

Declined