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| **APPLICATION FOR CREDIT FORM** |
|  |
| A | **General Details** |
| 1 | Name of Organization |  |
| B | Legal Status |  | (Whether LLC, Co., Partnership, Proprietorship) |
| C | Address |  |
| D | Telephone |  |
| E | Fax |  |
| F | Email |  |
| G | Year of Establishment |  |
| H | Commercial Regn. No. |  | Expiry Date |  |
| I | Trade License No. |  | Expiry Date |  |
| J | **Details of Owner /Proprietor / Partners** |
|  | Name | Nationality |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| K | **Names and Address of Subsidiary / Associate Co.** |
|  |  |
|  |  |
|  |  |
| L | **Details of companies you currently enjoy credit facilities from** |
| Name | Contact Person | Mobile / Phone | Credit Limit | Payment Terms |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| M | **Details of Credit requirement** |
|  | Credit Limit AED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_ days |
|  |  |
| N | **Name and Address of Bankers with A/C No.** |
|  | Name & Branch | Account No. |
|  |  |  |
|  |  |  |
| O | **Authorized Signatories for cheques / Bill of Exchange / Other banking documents** |
|  | Name | Designation | Specimen Signature |
|  |  |  |  |
|  |  |  |  |
| P | **Authorized signatory for LPOs** |
|  | Name | Designation | Specimen Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**General Conditions**

1. An Interest of 12% will be charged on the outstanding amounts beyond the allowed credit period.

2. Purchases will only be delivered against local purchase orders signed by authorized personnel.

3. The firm/company will be totally responsible for payments of any materials supplied against LPOs duly signed by authorized personnel unless and otherwise an adequate notice is given to us in writing canceling those signatures.

4. All disputes arising in respect of all outstanding over due account shall be finally referred to the Abu Dhabi Courts for Settlement.

5. This Credit Application is to be signed by the owner of the firm. **In case it is signed by a person other than the owner / copy of Authority given to the signatory by owner/s to sign such a document is to be attached.**

1/We agree to the above condition and declare that all information given in this application are true and correct.

Company Stamp Local Sponsor’s Name ......................................................

 Signature......................................

 Telephone No.:...........................

 Mob :...........................................

**Documents Required**

1. Copy of Valid Trade License.

2. Copy of Chamber of Commerce / Economic Department Certificate.

3. Copy of Sponsor Passport / Identity Card

4. Copies of Document showing authorised signatory.

5. Guarantee Cheque, undated (amount to be decided at the time of credit approvals).

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**For office use only**

Account No........................................................ Limit (Dhs).............................................................................

Product/s............................................................ Time Period............................................................................

Remarks.............................................................................................................................................................................

**Approved**

Sales Manager.................................................... Accounts Manager.................................................................

General Manager ............................................. Managing Director.................................................................