

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

JN Fancy Mobiles

GST No :

33CBOPS9416F1ZA

Proprietor/Partners/Directors details :

S SHEIK MYDEEN

Business Type :

Sole proprietorship

Billing Address :

316, B/2 MAC complex wgc roadTuticorin

City :

THOOTHUKKUDI

State :

Tamil Nadu

Zip Code :

628002

Registered Company Address :

316, B/2 MAC complex wgc roadTuticorin

City :

Tuticorin

State :

Tamilnadu

Zip Code :

628002

E-mail | Fax :

s.sheikmydeen@gmail.com

Credit Requested :

50000

Date business commenced :

2018-03-29

Nature of Business :

Shop owner

BANK INFORMATION

Account Name :

S SHEIK MYDEEN

Account Number :

0371104000036209

Bank Name :

IDBI BANK

Branch :

Tuticorin

Type of Account :

Email :

s.sheikmydeen@gmail.com

IFSC Code :

IBKL0000371

Phone :

7708886668

BUSINESS / TRADE REFERENCES

Company name :

JN Fancy Mobiles

Address :

316, B/2 MAC complex wgc roadTuticorin

Nature of Business :

Shop owner

Phone :

7708886668

AGREEMENT

1. All invoices are to be paid 21 days from the date of the delivery
2. Claims arising from invoices must be made within seven working days.
3. Finance charge of 1.5% per month will be assessed on all balance outstanding past terms
4. By submitting this application, you authorize to make inquiries into the banking and business/trade references that you have supplied.

5. In case of cheque bounce, all bank charges should be borne by the customer along with penalty fee of INR 500 per cheque.

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS MENTIONED ABOVE AND HEREBY AGREES TO ABIDE BY THEM. BY COMPLETING AND RETURNING THIS APPLICATION TO ELECTRONICS BAZAAR. THE APPLICANT REPRESENTS THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE APPLICANT WILL ALSO AGREE TO NOTIFY ELECTRONICS BAZAAR OF ANY CHANGE IN COMPANY OWNERSHIP OR MANAGEMENT

SIGNATURES

Name and Title :

S SHEIK MYDEEN MR

Date :

2018-03-26

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :