

## CUSTOMER CREDIT APPLICATION FORM (CCAF)

### BUSINESS INFORMATION

Company Name :

GST No :

Proprietor/Partners/Directors details :

Business Type :

Sole proprietorship

Billing Address :

City :

State :

Zip Code :

0

Registered Company Address :

City :

State :

Zip Code :

0

E-mail | Fax :

Credit Requested :

0

Date business commenced :

0000-00-00

Nature of Business :

### BANK INFORMATION

Account Name :

Account Number :

0

Bank Name :

Branch :

Type of Account :

Email :

IFSC Code :

Phone :

0

## BUSINESS / TRADE REFERENCES

Company name :

Address :

Nature of Business :

Phone :

0

## 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 :

Date :

0000-00-00

## (FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :