CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION Company Name: Uniflame GST No: 18ACFU0112D1ZU Proprietor/Partners/Directors details: KULU DAS **Business Type:** Sole proprietorship **Billing Address:** Bamunimaidan City: **GUWAHATI** State: Assam Zip Code: 781021 **Registered Company Address:** Uniflame Equipment City: Guwahati State: Assam **Zip Code:** 781021 E-mail | Fax: atlantat20@gmail.com **Credit Requested:** 400000 **Date business commenced:** 2005-04-01 **Nature of Business:** Retail

BANK INFORMATION Account Name: UNIFLAME EQUIPMENT **Account Number:** 910030035163762 Bank Name: Axis Bank Branch: Noonmati Type of Account: Email: atlantat20@gmail.com **IFSC Code:** UTIB0000722 Phone: 9864085651 **BUSINESS / TRADE REFERENCES**

BUSINESS / TRADE REFERENCES Company name: Papo Enterprise Address: Chandmari Nature of Business: Retail Phone: 781023

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:
KULU Das
Date:
2018-03-27
(FOR OFFICIAL USE ONLY)
Sales Rep Name Employee Code:
Credit Limit:
Customer No:
Zone/State:
Approved By:
Date of Approval: