

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

Lokesh Enterprises

GST No :

08ADEPH2473F1ZR

Proprietor/Partners/Directors details :

Lokesh Hassani

Business Type :

Sole proprietorship

Billing Address :

Shop No. 10, Minerva BuildingMGH Road,

City :

JODHPUR

State :

Rajasthan

Zip Code :

342001

Registered Company Address :

Shop No. 10, Minerva BuildingMGH Road,

City :

Jodhpur

State :

Rajasthan

Zip Code :

342001

E-mail | Fax :

lokeshmobile.sk@gmail.com

Credit Requested :

21

Date business commenced :

2017-06-01

Nature of Business :

Mobiles retails

BANK INFORMATION

Account Name :

Lokesh enterprises

Account Number :

2147483647

Bank Name :

ICICI bank

Branch :

Chand sheh tikiya market

Type of Account :

Email :

lokeshmobile.sk@gmail.com

IFSC Code :

ICIC0006831

Phone :

2147483647

BUSINESS / TRADE REFERENCES

Company name :

Laxmi mobile

Address :

Station road, jodhpur

Nature of Business :

Mobile retails

Phone :

2147483647

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 :

Lokesh Proprietoe

Date :

2018-03-10

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :