## **CUSTOMER CREDIT APPLICATION FORM (CCAF)**

## **BUSINESS INFORMATION Company Name:** Kabeer Hitech Services GST No: 07AECPU8793E1ZZ Proprietor/Partners/Directors details: PROPRIETOR **Business Type:** Sole proprietorship **Billing Address:** E-11/72A Jahapanha ColonyHauz Rani City: **DELHI** State: Delhi Zip Code: 110017 **Registered Company Address:** SAME City: **DELHI** State: NEW DELHI **Zip Code:** 110017 E-mail | Fax: kabeerhitech@gmail.com **Credit Requested:** 200000 **Date business commenced:** 2014-11-06 **Nature of Business: MOBILE**

BANK INFORMATION		
Account Name :		
602620110000409		
Account Number :		
602620110000409		
Bank Name :		
BANK OF INDIA		
Branch:		
MALVIYA NAGAR		
Type of Account:		
Email:		
kabeerhitech@gmail.com		
IFSC Code:		
BKID0006026		
Phone:		
9210970158		
Company name :		
KABEER HITECH SERVICES		
Address:		
E-11/72 A JAHAPANHA COLONY KHIRKI EXTN		
Nature of Business :		
MOBILES		
Phone:		
9210970158		
Company name :		
KABEER HITECH SERVICES		
Address:		
E-11/72 A JAHAPANHA COLONY KHIRKI EXTN		
Nature of Business:		
MOBILES		
Phone:		

## **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:		
SAGIR UDDIN		
Date:		
1978-08-17		
(FOR OFFICIAL USE ONLY)		
Sales Rep Name Employee Code :		
Credit Limit:		
Customer No:		
Zone/State:		
Approved By:		
Date of Approval:		