CUSTOMER CREDIT APPLICATION FORM (CCAF)

Company Name:
SMARTSTORE
GST No:
37BFQPG6610G1ZD
Proprietor/Partners/Directors details :
Prasad
Business Type:
Sole proprietorship
Billing Address:
Main road mms Gaite
City:
Amalapuram
State:
Andharapradesh
Zip Code:
533201
Registered Company Address :
Main road 2-1-41/1
City:
Amalapuram
State:
Andhrapradesh
Zip Code:
533201
E-mail Fax :
prasadguttula81@gmail.com
Credit Requested :
200000
Date business commenced :
2010-07-23
Nature of Business :
MOBILES & computers

BANK INFORMATION Account Name: Guttula Durga prasad **Account Number:** 2147483647 Bank Name: Axis Branch: Edharapalli Type of Account: Email: prasadguttula81@gmail.com **IFSC Code:** UTIB0000374 Phone: 2147483647

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:					