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

## **BUSINESS INFORMATION Company Name:** S.G Telecom GST No: 33ADRPR2890M1ZR Proprietor/Partners/Directors details: Rakesh **Business Type:** Sole proprietorship **Billing Address:** No. 09 , Mohammad Hussain Street 1st LaneVijayalaxmi Complex , Mount Road , City: **CHENNAI** State: Tamil Nadu Zip Code: 600002 **Registered Company Address:** No. 09, Mohammad Hussain Street 1st Lane, Vijayalaxmi Complex, Mount Road, Chennai - 2 City: **CHENNAI** State: Tamil Nadu Zip Code: 600002 E-mail | Fax: saaragadgets@gmail.com **Credit Requested:** 50000 Date business commenced: 2015-02-05 **Nature of Business:** Mobile & Accessories

BANK INFORMATION	
Account Name :	
S.G Telecom	
Account Number :	
6811939379	
Bank Name :	
Kotak Mahindra Bank	
Branch:	
Nungambakkam Branch	
Type of Account :	
Email:	
saaragadgets@gmail.com	
IFSC Code:	
KKBK0008471	
Phone:	
7845593596	
BUSINESS / TRADE REFERENCES	

	BUSINESS / TRADE REFERENCES
Company name :	
Rakhiwala	
Address:	
chennai	
Nature of Business :	
Mobile	
Phone:	
600079	

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