

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

Sohan Infosolution

GST No :

21DFBPS9611Q1ZZ

Proprietor/Partners/Directors details :

Lokhnath Sahu

Business Type :

Sole proprietorship

Billing Address :

Plot No 360 Biju Patnayak Market Complex Shop No 3 Damana

City :

BHUBANESWAR

State :

Orissa

Zip Code :

751016

Registered Company Address :

Plot No 360 Biju Patnayak Market Complex Shop No 3 Damana

City :

Bhubaneshwar

State :

Orissa

Zip Code :

751016

E-mail | Fax :

sohan.info.solution@gmail.com

Credit Requested :

150000

Date business commenced :

2005-01-01

Nature of Business :

IT Retailer

BANK INFORMATION

Account Name :

Sohan Infosolution

Account Number :

511320110000298

Bank Name :

BOI

Branch :

Shailshree Vihar Branch

Type of Account :

Email :

sohan.info.solution@gmail.com

IFSC Code :

BKID0005113

Phone :

9776029271

BUSINESS / TRADE REFERENCES

Company name :

Nigam Info

Address :

Bhubhneshwar

Nature of Business :

IT Retailer

Phone :

9337106215

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 :

Lokhnath Sahu

Date :

2018-03-28

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :