

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

Mass Mobiles

GST No :

33ATWPB6825F1ZL

Proprietor/Partners/Directors details :

Proprietor

Business Type :

Sole proprietorship

Billing Address :

No. 15/B, 1st Floor, Senthil Nagar 2nd Street, Chinna Kodungaiyur

City :

CHENNAI

State :

Tamil Nadu

Zip Code :

600118

Registered Company Address :

No. 46/95, Armenian Street

City :

Chennai

State :

Tamil nadu

Zip Code :

600001

E-mail | Fax :

basheeth007@gmail.com

Credit Requested :

2000000

Date business commenced :

2016-03-10

Nature of Business :

Retail and wholesale

BANK INFORMATION

Account Name :

Mass Mobiles

Account Number :

010361900000830

Bank Name :

Yes Bank

Branch :

Parrys

Type of Account :

Email :

basheeth007@gmail.com

IFSC Code :

YESB0000103

Phone :

9176078676

BUSINESS / TRADE REFERENCES

Company name :

Mass Mobiles

Address :

No. 46/95, Armenian Street, Chennai

Nature of Business :

Mobiles and Tabs

Phone :

9176078686

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 :

Basheeth

Date :

2018-04-10

Name and Title

Basheeth

Date

2018-04-10

Name and Title

Basheeth

Date

2018-04-10

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :