## CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION
Company Name :
AnA Enterprises
GST No:
07CCDPK9361D1ZM
Proprietor/Partners/Directors details :
Anuj kohli
Business Type:
Sole proprietorship
Billing Address:
RL 7 2nd floor ganga ram vatika Tilak nagar
City:
Delhi
State:
Delhi
Zip Code:
110018
Registered Company Address :
RL 7 2nd floor ganga ram vatika tilak nagar
City:
Delhi
State:
Delhi
Zip Code:
110018
E-mail   Fax :
anujkohli29584@gmail.com
Credit Requested :
300000
Date business commenced :
2010-04-01
Nature of Business :
Mobile Retailer

BANK INFORMATION	
Account Name :	
ANA Enterprises	
Account Number :	
913020032531207	
Bank Name :	
Axis Bank	
Branch:	
Tilak Nagar	
Type of Account :	
Email:	
anujkohli29584@gmail.com	
IFSC Code:	
UTIB0000589	
Phone:	
9891096096	
BUSINESS / TRADE REFERENC	ES
Company name :	
Retaish Telecom	
Address:	
WZ 95 Narshigh Garden Khyala	
Nature of Business :	
Mobile Retailer	
Phone:	
9560472624	
Company name :	
T R Lalwani	
Address:	
Main Azad pur mandi c block	
Nature of Business :	
Mobile Retailer	
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 :  Anuj kohli
Date:
2018-03-16
(FOR OFFICIAL USE ONLY)
Sales Rep Name Employee Code :
Credit Limit:
Customer No:
Zone/State:
Approved By:
Date of Approval: