

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

Arnav Enterprises

GST No :

07ANMPB3575G1ZZ

Proprietor/Partners/Directors details :

Proprietor

Business Type :

Sole proprietorship

Billing Address :

RZ D-70/3 MAHAVIR ENCLAVE palam DABRI road..

City :

New delhi

State :

New delhi

Zip Code :

110045

Registered Company Address :

RZ D-70/3 MAHAVIR ENCLAVE palam DABRI road..

City :

New Delhi

State :

New delhi

Zip Code :

110045

E-mail | Fax :

Arnaventerprise@outlook.in

Credit Requested :

50000

Date business commenced :

2015-10-03

Nature of Business :

Mobile sale

BANK INFORMATION

Account Name :

Arnav enterprises

Account Number :

50200016535990

Bank Name :

HDFC

Branch :

Janak puri

Type of Account :

Email :

Arnaventerprise@outlook.in

IFSC Code :

Hdfc0001375

Phone :

7838991444

BUSINESS / TRADE REFERENCES

Company name :

Arnav Enterprise

Address :

RZ D-70/3 MAHAVIR ENCLAVE palam DABRI

Nature of Business :

Mobile sale

Phone :

7838991444

Company name :

Arnav Enterprise

Address :

RZ D-70/3 MAHAVIR ENCLAVE palam DABRI

Nature of Business :

Mobile sale

Phone :

7838991444

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 :

BISHT

Date :

2018-03-16

Name and Title

BISHT

Date

2018-03-16

Name and Title

BISHT

Date

2018-03-16

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :