

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

test account

GST No :

sdfsdf

Proprietor/Partners/Directors details :

fsdfsdf

Business Type :

Sole proprietorship

Billing Address :

teststststst

City :

MUMBAI

State :

West Bengal

Zip Code :

400043

Registered Company Address :

sdfsdf

City :

sdfsdf

State :

sdfsdf

Zip Code :

897987

E-mail | Fax :

sneha.pawar@neosofttech.com

Credit Requested :

5000

Date business commenced :

2018-03-15

Nature of Business :

sfsss

BANK INFORMATION

Account Name :

sfdsf

Account Number :

546546545

Bank Name :

sdfsdf

Branch :

sdfsdf

Type of Account :

Email :

sneha.pawar@neosofttech.com

IFSC Code :

sdfsdfs

Phone :

0000000000

BUSINESS / TRADE REFERENCES

Company name :

sdsdf

Address :

sdfsdf

Nature of Business :

sffds

Phone :

9779879846

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 :

sfsdf

Date :

2018-03-15

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :