

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

Mobile tel

GST No :

19AAGFM2726F1ZC

Proprietor/Partners/Directors details :

Partnership

Business Type :

Partnership

Billing Address :

Below Hotel Mayour

City :

SILIGURI

State :

West Bengal

Zip Code :

734001

Registered Company Address :

Mobile tel

City :

Siliguri

State :

West bengal

Zip Code :

734001

E-mail | Fax :

mobiletelsiliguri@gmail.com

Credit Requested :

500000

Date business commenced :

2000-02-14

Nature of Business :

Mobile

BANK INFORMATION

Account Name :

Mobile tek

Account Number :

510101005409100

Bank Name :

Corporation bank

Branch :

Siliguri

Type of Account :

Email :

mobiletelsiliguri@gmail.com

IFSC Code :

CORP000696

Phone :

9434062726

BUSINESS / TRADE REFERENCES

Company name :

Electronics bazar

Address :

Bangalore

Nature of Business :

Mobiles

Phone :

9620367961

Company name :

Electronics bazar

Address :

Bangalore

Nature of Business :

Mobiles

Phone :

9620367961

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 :

Kush mittal

Date :

2018-04-12

Name and Title

Kush mittal

Date

2018-04-12

Name and Title

Kush mittal

Date

2018-04-12

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :