CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION Company Name: Durga Mobiles GST No: 36CRUPK3709H1ZD Proprietor/Partners/Directors details: Naveen Babu **Business Type:** Sole proprietorship **Billing Address:** 5-91 Thangadapally Road Choutuppal City: Choutuppal State: Telangana Zip Code: 508252 **Registered Company Address:** 5-91 Thangadapally Road Choutuppal City: Choutuppal State: Telangana **Zip Code:** 508252 E-mail | Fax: naveenbabu4545@gmail.com **Credit Requested:** 300000 **Date business commenced:** 2011-09-28 Nature of Business: Retailer And Distributor

BANK INFORMATION Account Name: Durga Mobiles **Account Number:** 2147483647 Bank Name: **HDFC** Branch: Choutuppal Type of Account: Email: naveenbabu4545@gmail.com **IFSC Code:** HDFC0004341 Phone: 2147483647

BUSINESS / TRADE REFERENCES
Company name:
Address:
Nature of Business :
Phone:

AGREEMENT

1. All invoices are to be paid 21 days from the date of the delivery

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- 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:
Date :
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(FOR OFFICIAL USE ONLY)
Sales Rep Name Employee Code :
Credit Limit:
Customer No:
Zone/State:
Approved By:
Date of Approval: