

## CUSTOMER CREDIT APPLICATION FORM (CCAF)

### BUSINESS INFORMATION

**Company Name :**

Taj Mobile

**GST No :**

23AMHPR5370D1Z5

**Proprietor/Partners/Directors details :**

Atik rehman

**Business Type :**

Sole proprietorship

**Billing Address :**

Nai Sadak

**City :**

UJJAIN

**State :**

Madhya Pradesh

**Zip Code :**

456001

**Registered Company Address :**

Nai Sadak Kanthal Chouraha

**City :**

Ujjain

**State :**

Madhya Pradesh

**Zip Code :**

456001

**E-mail | Fax :**

sanamtikkhan@yahoo.com

**Credit Requested :**

500000

**Date business commenced :**

2015-08-15

**Nature of Business :**

Mobile Retailore

## BANK INFORMATION

**Account Name :**

Taj Mobile

**Account Number :**

36828611833

**Bank Name :**

Stat Bank of india

**Branch :**

Nai Sadak

**Type of Account :**

**Email :**

sanamtikkhan@yahoo.com

**IFSC Code :**

SBIN0003018

**Phone :**

8224973765

## BUSINESS / TRADE REFERENCES

**Company name :**

Imran Mobile Store

**Address :**

15 Nai sadak

**Nature of Business :**

Mobile sale

**Phone :**

9691521111

**Company name :**

Imran mobile

**Address :**

Nai sadak

**Nature of Business :**

Mobile sale

**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 :

Date :

## (FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :