CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION Company Name: vijay auto and communicat GST No: 24AALFV1755C1ZA Proprietor/Partners/Directors details: Vijay auto and communication **Business Type:** Sole proprietorship **Billing Address:** FF - 3,4 shree krishna complex tubewell bopal City: Ahmedabad State: Gujarat Zip Code: 380058 **Registered Company Address:** FF - 3,4 shree krishna complex tubewell bopal City: Ahmedabad State: Gujarat **Zip Code:** 380058 E-mail | Fax: prajapatikrunal2412@gmail.com **Credit Requested:** 500000 **Date business commenced:** 2018-03-15 **Nature of Business:** Mobile phones

BANK INFORMATION
Account Name :
Vijay Auto and communication
Account Number :
03057630000447
Bank Name :
HDFC
Branch:
Bopal
Type of Account:
Email:
prajapatikrunal2412@gmail.com
IFSC Code:
HDFC0000447
Phone:
9998126147
BUSINESS / TRADE REFERENCES
Company name :
Vijay auto and communication
Address:
FF - 3,4 shree krishna complex tubewell bopal
Nature of Business:
Mobile phones
Phone:
9998126147
Company name :

Vijay auto and communication

FF - 3,4 shree krishna complex tubewell bopal

Address:

Phone:

Nature of Business:

Mobile phones

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:
Krunal Prajapati
Date:
2018-03-15
(FOR OFFICIAL USE ONLY)
Sales Rep Name Employee Code :
Credit Limit:
Customer No:
Zone/State:
Approved By:
Date of Approval: