

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

star communications

GST No :

18BIRPM0490E1Z1

Proprietor/Partners/Directors details :

KISHOR

Business Type :

Sole proprietorship

Billing Address :

gb road mukalmua nalbari gb road assam

City :

NALBARI

State :

Assam

Zip Code :

781339

Registered Company Address :

gb road mukalmua nalbari gb road assam

City :

NALBARI

State :

assam

Zip Code :

781126

E-mail | Fax :

starkishormedhi@rediffmail.com

Credit Requested :

200000

Date business commenced :

2017-07-07

Nature of Business :

mobile

BANK INFORMATION

Account Name :

sri kishor madhi

Account Number :

26500510002315

Bank Name :

uco bank

Branch :

bhangamari

Type of Account :

Email :

starkishormedhi@rediffmail.com

IFSC Code :

ucba0002650

Phone :

9085113028

BUSINESS / TRADE REFERENCES

Company name :

STAR COMUNICATION

Address :

GB ROAD MUKALAMUA NALBARI

Nature of Business :

MOBILE

Phone :

9085113025

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 :

kishore

Date :

2018-04-06

Name and Title

kishore

Date

2018-04-06

Name and Title

kishore

Date

2018-04-06

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :