CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION Company Name: Infinity Communication GST No: 27BWPPS6022L1ZV Proprietor/Partners/Directors details: Sohil Shaikh **Business Type:** Sole proprietorship **Billing Address:** 1 shree apt opp. kulkarni Garden Sharanpur Road Nasik City: NASIK State: Maharashtra Zip Code: 422002 **Registered Company Address:** 1 shree apt opp. kulkarni Garden Sharanpur Road Nasik City: Nasik State: Maharashtra **Zip Code:** 422002 E-mail | Fax: sohilarshaikh@gmail.com **Credit Requested:** 200000 Date business commenced: 2014-01-07 **Nature of Business:** Retail

BANK INFORMATION
Account Name :
Infinity Communication
Account Number :
50200007634147
Bank Name :
HDFC Bank Ltd
Branch:
Thatte Nagar
Type of Account:
Email:
sohilarshaikh@gmail.com
IFSC Code:
HDFC0000064
Phone:
9890332250
BUSINESS / TRADE REFERENCES
Company name:
Pooja Electronics
Address:
Gulmohar Arcade,Near 21 Century Hotel,Sharanpur Road Nasik
Nature of Business :
Retail
Phone:
9881869939
Company name :
Pooja Electronics
Address:
Nature of Business :
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:	
Sohil Shaikh	
Date :	
2018-03-15	
	(FOR OFFICIAL USE ONLY)
Sales Rep Name Employee Code :	
Credit Limit :	
Customer No:	
Zone/State:	
Approved By:	
Date of Approval :	