## CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION
Company Name :
Kalka Repairs
GST No:
22ACEPY6334M1Z7
Proprietor/Partners/Directors details :
Amrit Yadav
Business Type:
Sole proprietorship
Billing Address:
shop no 7,10 old bus stand bajrang complex
City:
BILASPUR
State:
Chhattisgarh
Zip Code:
495001
Registered Company Address :
shop no 7,10 old bus stand bajrang complex
City:
Bilaspur
State:
Chhattisgarh
Zip Code:
495001
E-mail   Fax :
kalkarepairsbilaspur@gmail.com
Credit Requested :
300000
Date business commenced :
2000-01-01
Nature of Business:
It Retailer

BANK INFORMATION		
Account Name :		
Kalka Repairs		
Account Number :		
32380485040		
Bank Name :		
SBI		
Branch:		
Bilaspur		
Type of Account:		
Email:		
kalkarepairsbilaspur@gmail.com		
IFSC Code:		
SBIN0030243		
Phone:		
9893571510		
BUSINESS / TRADE REFERENCES		

	BUSINESS / TRADE REFERENCES	
Company name :		
Unique Computer		
Address:		
Bilaspur		
Nature of Business :		
IT Retailer		
Phone:		
7089020000		

## **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:		
Amrit Yadav		
Date:		
2018-04-07		
(FOR OFFICIAL USE ONLY)		
Sales Rep Name Employee Code :		
Credit Limit:		
Customer No:		
Zone/State:		
Approved By:		
Date of Approval:		