

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

Pune Mobile Shoppee

GST No :

27AKHPG2644R1ZO

Proprietor/Partners/Directors details :

Sole proprietor

Business Type :

Sole proprietorship

Billing Address :

243, Narayan Peth, Laxmi Road Garud Ganpati Chowk Shop no 3 Vidyahar Heights Pune 41130

City :

PUNE

State :

Maharashtra

Zip Code :

411030

Registered Company Address :

243 narayan peth Laxmi road garud ganpati chowk shop no 3 vidyadhar heights pune 30

City :

Pune

State :

Maharashtra

Zip Code :

411030

E-mail | Fax :

punemobileshoppee09@gmail.com

Credit Requested :

50000

Date business commenced :

2015-04-08

Nature of Business :

Mobile retail store

BANK INFORMATION

Account Name :

Pune Mobile shopee

Account Number :

645105001922

Bank Name :

Icicl

Branch :

Sadasiv peth

Type of Account :

Email :

punemobileshopee09@gmail.com

IFSC Code :

Icic0006451

Phone :

7350408877

BUSINESS / TRADE REFERENCES

Company name :

Sal 4 you

Address :

Shop no. 5, group plaza, Hadapsar

Nature of Business :

Mobile Retail store

Phone :

8552048192

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 :

Dharmesh Gor

Date :

2018-03-16

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :