

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

H.S.R. Communication

GST No :

22COJPM3456B1Z9

Proprietor/Partners/Directors details :

Munaf Menon

Business Type :

Sole proprietorship

Billing Address :

Near Maharastryan Teli Samaj Gate , Aswani Nagar

City :

Raipur

State :

Chhattishgarh

Zip Code :

492001

Registered Company Address :

Near Maharastryan Teli Samaj Gate , Aswani Nagar

City :

Raipur

State :

Chhattisgarh

Zip Code :

492001

E-mail | Fax :

hsrcommunication@gmail.com

Credit Requested :

100000

Date business commenced :

2011-01-01

Nature of Business :

Mobile Retailer

BANK INFORMATION

Account Name :

H.S.R. Communication

Account Number :

034411031052

Bank Name :

Dena Bank

Branch :

Sundar Nagar

Type of Account :

Email :

hsrcommunication@gmail.com

IFSC Code :

BKDN0821293

Phone :

7440777707

BUSINESS / TRADE REFERENCES

Company name :

MP Mobile

Address :

gariyaband

Nature of Business :

Mobile Retailer

Phone :

9981048601

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 :

Munaf Memon

Date :

2018-04-10

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :