CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

Paras Communication

GST No :

07AXFPP6116N1Z2

Proprietor/Partners/Directors details :

proprietor

Business Type :

Sole proprietorship

Billing Address :

shop no 9 ratiya marg sangam vihar

City :

new delhi

State :

delhi

Zip Code :

110062

Registered Company Address :

shop no 9 ratiya marg sangam vihar

City :

new delhi

State :

delhi

Zip Code :

110062

E-mail | Fax :

mkraj.mr85@gmail.com

Credit Requested :

100000

Date business commenced :

2000-02-01

Nature of Business :

mobile and loptop

BANK INFORMATION

Account Name :

PARAS COMMUNICATION

Account Number :

34332197101

Bank Name :

SBI

Branch :

OKHLA

Type of Account :

Email :

mkraj.mr85@gmail.com

IFSC Code :

SBIN0000727

Phone :

8851363123

BUSINESS / TRADE REFERENCES

Company name :

PARAS COMMUNICATION

Address :

SHOP NO 9 RATIYA MARG SANGAM VIHAR

Nature of Business :

MOBILE AND LOPTOP

Phone :

8851363123

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 :

PARAS

Date :

2018-06-16

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :