CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

Anshika Mobile

GST No :

23ALBPC6580F1ZI

Proprietor/Partners/Directors details :

Proprietor

Business Type :

Sole proprietorship

Billing Address :

SHIKHA HOTAL MANDIDEEP

City :

MANDIDEEP

State :

OSO KIRANA

Zip Code :

462046

Registered Company Address :

SHIKHA HOTEL MANDIDEEP

City :

MANDIDEEP

State :

OSHO KIRANA

Zip Code :

462046

E-mail | Fax :

anshikamobile2015@gmail.com

Credit Requested :

500000

Date business commenced :

2012-08-01

Nature of Business :

RETAIL

BANK INFORMATION

Account Name :

ANSHIKA MOBILE

Account Number :

35334612868

Bank Name :

STATE BANK OF INDIA

Branch :

MANDIDEEP

Type of Account :

Email :

anshikamobile2015@gmail.com

IFSC Code :

SBIN0006190

Phone :

9981291500

BUSINESS / TRADE REFERENCES

Company name :

DEEPANSHU ELECTRONIC

Address :

B SECTORE INDRA NAGAR BANGAL BAZAR MANDIDEEP

Nature of Business :

ELECTRONIC MOBILE RETAIL

Phone :

9827283764

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 :

ANOOP SINGH CHOUHAN

Date :

2018-03-26

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :