CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION Company Name: Jas Mobiles GST No: 33AWGPJ8252K1ZB Proprietor/Partners/Directors details: **JASMIN Business Type:** Sole proprietorship **Billing Address:** 183, 5th Street, Cross Cut Street, Gandhipuram, Coimbatore City: COIMBATORE State: Tamil Nadu Zip Code: 641012 **Registered Company Address:** 183, 5th Street, Cross Cut Street, Gandhipuram, Coimbatore City: COIMBATORE State: Tamil Nadu Zip Code: 641012 E-mail | Fax: jasmobiles.wholesale@gmail.com **Credit Requested:** 100000 Date business commenced: 2010-03-10 **Nature of Business:** Mobile & TV

BANK INFORMATION Account Name: JAS MOBILES **Account Number:** 917020057672831 Bank Name: AXIS BANK Branch: Gandhipuram Branch, Coimbatore Type of Account: Email: jasmobiles.wholesale@gmail.com **IFSC Code:** UTIB0002325 Phone: 9171001000 **BUSINESS / TRADE REFERENCES**

Company name	e	÷
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RR Traders

Address:

#2/8, 6Th Street, KK Pudur, Sai Baba Colony, Coimbatore - 641038

Nature of Business:

Mobiles Business

Phone:

9171001000

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:
Mohammed Rafeeq
Date:
2018-03-21
(FOR OFFICIAL USE ONLY)
Sales Rep Name Employee Code :
Credit Limit:
Customer No:
Zone/State:
Approved By:
Date of Approval: