

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

Shree sai computer services

GST No :

UNR

Proprietor/Partners/Directors details :

sujeet mazumdar

Business Type :

Sole proprietorship

Billing Address :

Shop No 12 Nigam Complex Subhash Chouk Infront back side of niharika talkies

City :

Korba

State :

Chhattisgarh

Zip Code :

495677

Registered Company Address :

Shop No 12 Nigam Complex Subhash Chouk Infront back side of niharika talkies

City :

korba

State :

chhattisgarh

Zip Code :

495677

E-mail | Fax :

shrisai.computers01@gmail.com

Credit Requested :

60000

Date business commenced :

2013-01-10

Nature of Business :

computer sale & services

BANK INFORMATION

Account Name :

sujeet mazumdar

Account Number :

0222102000007443

Bank Name :

IDBI

Branch :

korba

Type of Account :

Email :

shrisai.computers01@gmail.com

IFSC Code :

IBKL0000222

Phone :

9630020902

BUSINESS / TRADE REFERENCES

Company name :

mass techno services

Address :

jindal road raigarh

Nature of Business :

computer sale & services

Phone :

8889906699

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 :

sujeet mazumdar

Date :

2018-03-29

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :