CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION
Company Name :
Bhagya Sri
GST No:
36AXJPA4912D1ZX
Proprietor/Partners/Directors details :
Directors
Business Type:
Sole proprietorship
Billing Address:
bhagyasri agencices
City:
choutuppal
State:
telengana
Zip Code:
508252
Registered Company Address:
5-234
City:
choutuppal
State:
telengana
Zip Code:
508252
E-mail Fax:
Amrutammahesh98@gmail.com
Credit Requested:
300000
Date business commenced:
2008-08-03
Nature of Business:
mobiles and accessories

BANK INFORMATION Account Name: bhagyasri agencies and accessories **Account Number:** 62500271482 Bank Name: state bank of india **Branch:** choutuppal Type of Account: Email: Amrutammahesh98@gmail.com **IFSC Code:** SBIN0021183 Phone: 9848505198

BUSINESS / TRADE REFERENCES	

AGREEMENT

1. All invoices are to be paid 21 days from the date of the delivery

Company name:

Nature of Business:

Address:

Phone:

- 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

SIGNATURES		
Name and Title:		
Date:		
0000-00-00		
(FOR OFFICIAL USE ONLY)		
Sales Rep Name Employee Code :		
Credit Limit:		
Customer No:		
Zone/State:		
Approved By:		
Date of Approval:		