

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

TARMAL COMPUTERS

GST No :

23AESP0344E1ZV

Proprietor/Partners/Directors details :

PROPRIETOR

Business Type :

Sole proprietorship

Billing Address :

ShopNo4, Near Chirayu Hospital, Peergate malipura BHOPAL

City :

BHOPAL

State :

Madhya Pradesh

Zip Code :

462001

Registered Company Address :

ShopNo4, Near Chirayu Hospital, Peergate malipura BHOPAL

City :

BHOPAL

State :

MADHYA PRADESH

Zip Code :

462001

E-mail | Fax :

bhopal.tarmalcomputers@gmail.com

Credit Requested :

1000000

Date business commenced :

2012-01-11

Nature of Business :

IMPORTER/DISTRUBUTOR

BANK INFORMATION

Account Name :

TARMAL COMPUTERS

Account Number :

33707871154

Bank Name :

STATE BANK OF INDIA

Branch :

SULTAINA ROAD BRANCH

Type of Account :

Email :

bhopal.tarmalcomputers@gmail.com

IFSC Code :

SBIN0000332

Phone :

8602193112

BUSINESS / TRADE REFERENCES

Company name :

Matz International

Address :

496 a mulla colony housing board karond

Nature of Business :

importer/distributor

Phone :

9713800572

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 :

CEO (ABUL HASNAIN)

Date :

2018-03-27

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :