CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION Company Name: KRISHNA COMMUNICATION GST No: 10AYFPS2736L2ZB **Proprietor/Partners/Directors details:** AJIT KUMAR **Business Type:** Sole proprietorship **Billing Address:** SHOP NO:-36 RADHIKA COMPLEX OPP. HARIHAR CHAMBER BORING ROAD PATNA-800001 City: PATNA State: BIHAR Zip Code: 800001 **Registered Company Address:** SHOP NO:-36 RADHIKA COMPLEX OPP. HARIHAR CHAMBER BORING ROAD PATNA-800001 City: PATNA State: **BIHAR** Zip Code: 800001 E-mail | Fax: krishna.ajit@rediffmail.com **Credit Requested:** 500000 Date business commenced: 2005-10-11 **Nature of Business:** MOBILE RETAILER

BANK INFORMATION Account Name: KRISHNA COMMUNICATION **Account Number:** 1967261011353 Bank Name: CANARA BANK Branch: BORING ROAD, PATNA **Type of Account:** Email: krishna.ajit@rediffmail.com **IFSC Code:** CNRB0001967 Phone: 9334167700 **BUSINESS / TRADE REFERENCES**

Company name:

KRISHNA COMMUNICATION

Address:

SHOP NO:-36 RADHIKA COMPLEX OPP. HARIHAR CHAMBER BORING ROAD PATNA-800001

Nature of Business:

MOBILE RETAILER

Phone:

9334167700

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:
AJIT SHUKLA
Date:
2018-04-04
(FOR OFFICIAL USE ONLY)
Sales Rep Name Employee Code :
Credit Limit:
Customer No:
Zone/State:
Approved By:
Date of Approval: