

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

Sayeed

GST No :

A/F

Proprietor/Partners/Directors details :

Soyed Abdur Rahman

Business Type :

Sole proprietorship

Billing Address :

House No 15. Darandha Sixmile Panjabari road

City :

GUWAHATI

State :

Assam

Zip Code :

781022

Registered Company Address :

Panjabari Road. Sixmile

City :

Guwahati

State :

Assam

Zip Code :

781022

E-mail | Fax :

sayeed.eb@gmail.com

Credit Requested :

500000

Date business commenced :

2012-02-03

Nature of Business :

Retail

BANK INFORMATION

Account Name :

Soyed Abdur Rahman

Account Number :

917010011122539

Bank Name :

Axis bank

Branch :

Khanapara

Type of Account :

Email :

sayeed.eb@gmail.com

IFSC Code :

UTIB0001297

Phone :

9435441464

BUSINESS / TRADE REFERENCES

Company name :

Sayeed

Address :

Panjabari Road. Hno- 15

Nature of Business :

Retail

Phone :

7002614711

Company name :

Sayeed

Address :

Panjabari Road. Hno- 15

Nature of Business :

Retail

Phone :

7002614711

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 :

Soyed Abdur Rahman

Date :

2018-04-10

Name and Title

Soyed Abdur Rahman

Date

2018-04-10

Name and Title

Soyed Abdur Rahman

Date

2018-04-10

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :