

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

HYBRID SYSTEMS

GST No :

32CKNPS6828K1ZH

Proprietor/Partners/Directors details :

SABEEH H

Business Type :

Sole proprietorship

Billing Address :

CITY CENTER,GENERAL HOSPITAL JUNCTION

City :

Alleppy

State :

Kerala

Zip Code :

688002

Registered Company Address :

CITY CENTER,GENERAL HOSPITAL JUNCTION

City :

Alleppy

State :

Kerala

Zip Code :

688002

E-mail | Fax :

sabeehalpy86@gmail.com

Credit Requested :

200000

Date business commenced :

1970-01-01

Nature of Business :

DEALER/RETAILER

BANK INFORMATION

Account Name :

HYBRID SYSTEMS

Account Number :

100811100000502

Bank Name :

ANDRA BANK

Branch :

ALAPPUZHA

Type of Account :

Email :

sabeehalpy86@gmail.com

IFSC Code :

ANDB0001008

Phone :

9061555551

BUSINESS / TRADE REFERENCES

Company name :

HYBRID SYSTEMS

Address :

CITY CENTER,GENERAL HOSPITAL JUNCTION , ALAPPUZHA,KERALA

Nature of Business :

DEALER/RETAILER

Phone :

9061555551

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 :

SABEEH H

Date :

2018-05-23

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :