

CUSTOMER CREDIT APPLICATION FORM (CCAF)

BUSINESS INFORMATION

Company Name :

test account

GST No :

efdsef

Proprietor/Partners/Directors details :

efrsef

Business Type :

Sole proprietorship

Billing Address :

testststststststststststststststststststts

City :

MUMBAI

State :

Maharashtra

Zip Code :

400043

Registered Company Address :

dsfsdf

City :

esfsdfefsef

State :

defsedf

Zip Code :

400097

E-mail | Fax :

sneha.pawar@neosofttech.com

Credit Requested :

66445

Date business commenced :

2018-03-14

Nature of Business :

effe

BANK INFORMATION

Account Name :

fver

Account Number :

2147483647

Bank Name :

sdfssdf

Branch :

sdfsdf

Type of Account :

Email :

sneha.pawar@neosofttech.com

IFSC Code :

sdfdfs22

Phone :

2147483647

BUSINESS / TRADE REFERENCES

Company name :

drfr

Address :

rdgtr

Nature of Business :

refreg

Phone :

2147483647

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 :

ergerg

Date :

2018-03-20

(FOR OFFICIAL USE ONLY)

Sales Rep Name Employee Code :

Credit Limit :

Customer No :

Zone/State :

Approved By :

Date of Approval :