

Orient Holdings (Pvt) Ltd

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Account Number

CUSTOMER REGISTRATION & CREDIT APPLICATION FORM

Rev	no:	UÜ		

Rev Date: 18.06.2014

Doc no: FMFN-32

Dept. Finance department

L. DETAILS OF THE CUSTOMER /DISTRIBUTOR / DEALER																						
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	(Ple	ase a	attach	ı a rel	levan	t Cop	y of 1	8-1.	.11)													
(Please attach a relevant Copy of 1.8-1.11)																						
DETAILS OF BANK ACCOUNTS FOR TRANSACTIONS																						
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3. CREDIT FACILITY NEEDED

(For office use only)

Category	Bank Guarantee Value (Rs.Cts)	Credit Amount Value (Rs.Cts)	Credit Period (Days)
Electrical			
Cable			
Lighting			
Industrial			
Wireman			
Others			

We hereby agree to abide by the following terms and conditions:

To make all payments and claims arising out of credit transactions with Orel Corporation (Private) Limited irrespective of the place at which such transactions may be entered into and finalized.

To settle all credit bills/ dues within the specified number of days from the date of supply of goods, notwithstanding any delays in the forwarding of the connected bills or monthly statements.

To keep Orel Corporation (Private) Limited, Informed of any changes with regard to the information provided above.

To accept the jurisdiction of the district court of Colombo in the event of any disputes arising out of the credit transactions.

I am/we are also aware that Orel Corporation (Private) Limited, Reserves the absolute right with regard to the following matters.

To reject this credit application without giving any reasons thereto.

To suspend or withdraw credit facilities at any time without any prior notice.

To revise credit terms and conditions from time to time as may be required.

I am/we attach herewith the following copy documents to enable you to consider this application

Business Registration Certificate

VAT Registration Certificate (If VAT registered)

Form 20 (Formerly known as Form 48: Details of Directors)

Partnership Agreement (in the case of a partnership)

Latest audited P&L and Balance Sheet

A credit reference letter from a bank

NIC copies of all proprietors/partners/directors (True copy certified)

CRIB Report of the proprietor/partners/Company

Six months Bank Statement

Customer online payment application form



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9.	Office	Use Only	
	8.1	Amount of Credit Appro	ved
	8.2	Credit Dates	
	8.3	Mode of Payment Settle	ment
	8.4	Sales Executive Name	
		Signature	Date
	8.5	Area Sales Manager	
		Signature	Date
	8.6	Regional Manager	
		Signature	Date
		Sales Manager / ales Manager	Finance Manager Chief Operating Officer
	Custome	r Registered System Code	B P R
	Date		D D M M Y Y Y