



# **ELITE EXTRUSIONS L.L.C**

## **CREDIT FACILITY FORM**

### **A). COMPANY DETAILS**

NAME :

ADDRESS :

TEL NO :

FAX NO. :

Email ID :

### **B). CLIENT DETAILS**

NAME OF OWNER(S) ( In Full ) :

LOCAL SPONSER :

OTHER DIRECTORS ( If Any) :

PASSPORT COPIES :

### **C). FEATURES OF COMPANY:**

NATURE OF BUSINESS:

LIST OF MAJOR SUPPLIERS:

OTHER ASSOCIATE COMPANIES :

### **D). LEGALATIES**

TRADE LICENCE NO. :

CHAMBER OF COMMERCE REGN:

**Ras Al Khaimah , United Arab Emirates**

**Tel : +971 7 244 7 668 Fax : +971 7 244 7 669 E Mail : eliteext@eim.ae**



# ELITE EXTRUSIONS L.L.C

## E. AUTHORISED SIGNATURIES

FOR PURCHASE ORDERS :

FOR PAYMENTS :

FOR DELIVERY :

## F. BANK DETAILS:

BANK DETAILS :

NATURE OF ACCOUNTS :

ACCOUNT No. :

## G. CREDIT FACILITY

CREDIT LIMIT REQUESTED :  
( Amount In Figures & Words )

CREDIT PERIOD :

## H. UNDERTAKING:

In consideration of the credit account being granted by ELITE EXTRUSION LLC, I / We guarantee payment as per agreed credit terms and conditions. In case of failure / delay to settle the account, we allow you charge interest of \_\_\_\_\_ per month on the outstanding amount till the date of settlement. And unconditionally authorize ELITE EXTRUSION LLC to initiate legal action.

Signature Of Applicant :

Name :

Designation

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# **ELITE EXTRUSIONS L.L.C**

Date :

Company Seal :

## **I. DOCUMENTS REQUIRED :**

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