



إليت لسحب الألمنيوم ذ.م.م
Elite Extrusion L.L.C.

P O BOX 31291, Ras Al Khaimah, UAE
 Tel : +971-7-244 7668 Fax : +971-7-244 7669
 E-mail : eliteext@eim.ae

No.	
Date.	

CREDIT APPLICATION FORM

A). COMPANY DETAILS

NAME :

ADDRESS :

.....

TEL NO : FAX NO :

EMIAL ID :

NATURE OF BUSINESS :

B). OWNER / MANAGEMENT DETAILS

NAME OF OWNER(S) (In Full) :

LOCAL SPONSOR :

OTHER DIRECTIORS (If Any) :

C). OTHER COMPANIES UNDER THE SAME MANAGEMENT:

NAME & ADDRESS :

.....

.....

NAME & ADDRESS :

.....

.....

D). SUPPLIERS:

LIST OF MAJOR SUPPLIERS:

1).

2).

D). LEGALITIES

TRADE LICENCE NO. :
CHAMBER OF COMMERCE REGN:

E). AUTHORISED SIGNATORIES.

CATOGERY	NAME	SIGNATURE
FOR PURCHASE ORDERS :		
FOR PAYMENTS :		
FOR DELIVERY :		

F). BANK DETAILS:

BANK DETAILS :
NATURE OF ACCOUNTS :
ACCOUNT No. :

G). CREDIT FACILITY REQUESTED

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. I/We unconditionally authorize ELITE EXTRUSION LLC to discontinue delivery to us for breach of the agreed credit terms & conditions and will indemnify ELITE EXTRUSION LLC for any loss incurred on this account and / or authorized ELITE EXTRUSION LLC to initiate legal action. We have also read & agree to general conditions of sale & delivery given overleaf.

Signature Of Director / Owner.

Name :
Designation :
Date :

Company Seal.

I). DOCUMENTS TO BE ATTACHED WITH THIS FORM:

COPIES OF 1.PASSPORT OF OWNER(S)/DIRECTOR(S). 2.TRADE LICENCE. 3.CHAMBER OF COMMERCE. 4.POWER OF ATTORNEY.
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OFFICIAL USE ONLY

A). CREDIT FACILITY REQUESTED

CREDIT LIMIT : FIGURES :
IN WORDS:
CREDIT PERIOD:
TERMS OF PAYMENT :

B). APPROVALS:

REQUESTING SALESMAN:		
NAME :	SIGNATURE:	DATE:
RECOMMENDED BY SALESMANAGER:		
NAME :	SIGNATURE:	DATE:
ACCEPTED BY FINANCE DEPT.		
NAME :	SIGNATURE:	DATE:
APPROVED BY :		
GENERAL MANAGER		DATE:



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