

APPLICATION FOR CREDIT FACILITY

| | | | |
|--|------------------|---|---|
| Name of the Company (Legal Name) : | | | |
| Business Address : | | | |
| Trade License No. : | Date : | Validity : | |
| Chamber of Commerce Reg No. : | | | |
| Web Site : | | | |
| Email : | | | |
| Telephone No. : | | | |
| Fax No. : | | | |
| Nature of Business : | | | |
| Approx Business / Month (AED) : | | | |
| Credit Limit (AED) : | | 100,000 | |
| Credit Terms (Period & PDC / Open) : | | <input type="checkbox"/> 60 Days | <input type="checkbox"/> 30 Days |
| Contact Person for Payment : | | Name : | |
| | | Email : | |
| | | Tel No. : | Mob. No. : |
| Bankers (give full address) | 1) Name : | Branch: | |
| | A/c No. : | Tel No. | |
| | 2) Name : | Branch: | |
| | A/c No. : | Tel No. | |
| Trade References: Local Supplier Details (full address with Contact Person's Name & Tel. No.) | 1) Name : | | |
| | Address : | | |
| | 2) Name : | | |
| | Address : | | |

Manufacturers of Aluminium Mobile Scaffolding**Innovative · High Quality · Safe · Reliable**

| | | | |
|---|--------------------|-------------------------------------|-------|
| Name of the Owners / Partners | | Address & Tel No. | |
| 1) | | | |
| 2) | | | |
| Sponsor's Name | | Address & Tel. No. | |
| | | | |
| Authorized Signatories to Sign Cheques | | | |
| Name | Designation | Specimen Signature | |
| 1) | | | |
| 2) | | | |
| Undertaking by Applicant | | | |
| In consideration of credit being granted by Ace Aluminium, we here by undertake to settle the accounts promptly as per the terms agreed. Copy of our trade License & Chamber of Commerce registration is enclosed herewith. | | | |
| Signature | _____ | Name | _____ |
| Designation | _____ | | |
| Date | _____ | Company Stamp | _____ |
| FOR USE BY ACE ALUMINIUM | | | |
| Details of previous dealings: | | | |
| Originated By : (Sales Dept Staff) | | Recommended By : (Dept Head) | |
| Signature | _____ | Signature | _____ |
| Name | _____ | Name | _____ |
| Title | _____ | Title | _____ |

Approved:

| | Signature | Date |
|----------------------------|------------------|-------------|
| Finance Manager | | |
| Director- Finance | | |
| Director-Commercial | | |
| Managing Director | | |

| | | | | |
|---------------|-----------|------|---------------------|-----|
| Credit Limit: | AED _____ | | Account Code. _____ | |
| Credit Terms: | _____ | Days | Open | PDC |