



Talati Trading Co. L.L.C.

P.O. Box: 41267, Dubai – U.A.E., Tel.:+971-4-2676671 /2580480, Fax: +971-4-2672716

CREDIT APPLICATION

Date:-

I/ we wish to apply for credit facilities and give full information about my/our business and bank account for your consideration.

INFORMATION OF THE FIRM

Name of the Firm/ Company _____

Constitution/ Type of Company: _____ Year of Establishment _____

Address _____

Address Location _____

Telephone No Area Code/ Line No _____ Fax No: _____

E-Mail: _____ Website: _____

Mobile No _____

Business Activity _____

No. of Employees on Company Visa: _____

INFORMATION OF THE OWNER/PARTNER

<u>Name</u>	<u>Nationality</u>	<u>Designation</u>

INFORMATION OF THE LOCAL SPONSOR

Name: _____

Address: _____

Profession: _____

Contact No. _____ Mobile No. _____

Associate Companies

Name of the Company: _____

Address: _____

Contact No: _____

Name of the companies from whom you avail credit facility

<u>Name of Company</u>	<u>Credit Limit</u>	<u>Payment Terms</u>

YOUR BANKING DETAILS

<u>Name of the Bank</u>	<u>Branch</u>	<u>A/c No</u>

NAME OF THE PERSON AUTHORIES TO SIGN PURCHASE ORDER.

<u>Full Name</u>	<u>Designation</u>	<u>Specimen Signature</u>

NAME OF PERSON AUTHORISED TO SIGN IN THE CHEQUES /CONTRACTS/BILLS OF EXCHANGE AND OTHER BANKING DOCUMENTS.

<u>Full Name</u>	<u>Designation</u>	<u>Specimen Signature</u>

DETAILS OF YOUR CREDIT REQUIREMENT FROM US

Total Amount: AED _____

Credit Period: _____ Days

Mode of Payment: PDC/ LPO

UNDERTAKING BY CUSTOMER:

I/ we undertake to indemnify them any loss suffered by them as because of any defaults that may arise out of such trade operations between us in accounts. This includes payments of interest at 18 % per annum for any delays in payment beyond the credit payment beyond the credit period specified above.

The above signatories as per specimen signatures provided herein above are fully authorized to sign on behalf of me/our company.

Any change in the above-mentioned information will be intimidated to you immediately in writing and with reference to change in the constitution; we will inform you in advance in writing prior to effecting change.

Cheques return charges will be AED 100/- extra and it will added to the account.

SIGNATURES.

1. LOCAL SPONSOR: _____

2. PROPRIETOR/ PARTNERS/DIRECTORS COMPANY'S SEAL AND DATE

A) _____

B) _____

C) _____

GENERAL CONDITIONS:

All disputes arising in respect of all outstanding overdue account shall be finally referred to the Dubai Courts for settlement.

Document to be attached with this application

- 1. TRADE LICENCE COPY.**
- 2. PASSPORT COPIES OF PARTNERS AND CHEQUE SIGNATURES.**
- 3. PASSPORT COPIES OF THE LOCAL SPONSOR.**
- 4. CHAMBER OF COMMERCE LICENCE.**

(For Official Use)

Approved for the following credit facility

<u>CREDIT LIMIT</u> (DHS)	<u>CREDIT PERIOD</u> (DAYS)	<u>PAYMENT TERMS</u>	<u>APPROVED BY</u>