

# SHAHID HUSSAN SCAFFOLDING IND. LLC

P.O. Box : 79028, Ind. Area 11, Sharjah UAE

Mobile : +971-551144401; +971-503971249

Email : shahid@shahidind.com; Websites : www.shahidind.com



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## APPLICATION FORM CREDIT FACILITY

### A General Details

1	Name of Organization	BAB AL JAZEERA CONST. TOOLS & EQUIP. TRDG. L.L.C		
B	Legal Status	L.L.C	(Whether LLC, Co., Partnership, Proprietorship)	
C	Address	SHARJAH INDUSTRIAL AREA- 11,		
D	Telephone	06539958		
E	Fax	065399558		
F	Email	babaljazz@emirates.net.ae		
G	Year of Establishment	2013		
H	Commercial Regn. No.	150904	Expiry Date	31-3-2020
I	Trade License No.	627384	Expiry Date	31-3-2020

### J Details of Owner / Proprietor / Partners

Name	Nationality
MAN ZOR HUSAN	INDIAN
ATMAL	INDIAN

### K Names and Address of Subsidiary / Associate Co.


### L Details of companies you currently enjoy credit facilities from

Name	Contact Person	Mobile / Phone	Credit Limit	Payment Terms
AL MUNIA	YOUSUF	0527155069	120 30000	120
MADADISIB	NAFIED	0553398614	120 40000	120
SADAFIYAH	MUHAMMAD	0555603374	90 10000	90

### M Details of Credit requirement

Credit Limit AED _____ for _____ days
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### N Name and Address of Bankers with A/C No.

Name & Branch	Account No.
PAR BANK (NAHIEL BRANCH)	8022370660901-
UNION BANK (SHARJAH IND BRANCH)	014509263872

### O Authorized Signatories for cheques / Bill of Exchange / Other banking documents

Name	Designation	Specimen Signature
ATMAL	MANAGER	

### P Authorized signatory for LPOs

Name	Designation	Specimen Signature
SHAFER	ACCOUNTS	
ROFERA	PURCHASER	



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### General Terms & Conditions :-

- 1 An Interest of 12% will be charged on the outstanding amounts beyond the allowed credit period.
- 2 Purchases will only be delivered against local purchase orders signed by authorized personnel.
- 3 The firm/company will be totally responsible for payments of any materials supplied against LPOs duly signed by authorized personnel unless and otherwise an adequate notice is given to us in writing canceling those signatures.
- 4 All disputes arising in respect of all outstanding over due account shall be finally referred to the Dubai Court for Settlement.
- 5 This Credit Application is to be signed by the owner of the firm. In case it is signed by a person other than the owner / copy of Authority given to the signatory by owner/s to sign such a document is to be attached.

I/We agree to the above condition and declare that all information given in this application are true and correct.

Company Stamp



Local Sponsor's Name

Signature.....

Telephone No.: 06-5399557

Mob.: 0556641820

### Documents Required

- 1 Copy of Valid Trade License.
- 2 Copy of Chamber of Commerce / Economic Department Certificate.
- 3 Copy of Sponsor Passport / Identity Card
- 4 Copies of Document showing authorised signatory.
- 5 Guarantee Cheque, undated (amount to be decided at the time of credit approvals).

### **For office use only**

Account No..... Limit (Dhs).....

Product/s..... Time Period.....

Remarks.....

### Approved By :-

Sales Manager..... Accounts Manager.....

General Manager ..... Managing Director.....