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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Α	General Details								
1	Name of Organization	3 UN	UTED	PRECAST	CONC	RETE	DUBA	1 2	LC
В	Legal Status		LLC			(Whether	r LLC, Co.,	Partners	ship, Proprietorship
С	Address	P.O BOX 52900, DUBAI, UAE							
D	Telephone	04-4254086							
Е	Fax	04-4274020							
F	Email	Upches Demirates net ae							
G	Year of Establishment	199	13						
Ĥ	Commercial Regn. No.	4089	12		E:	Expiry Date			07.05.20
I	Trade License No.	3007	29		E	xpiry Date			07.05.20
J	Details of Owner / Propr	rietor / Partner	s / DIRE	CTORS					
	Name				Nat	ionality			
	HANI HASSAN AL	LA'AU		-1	BAHRA	INI			
	MAITHEM HASSAN				BAHRA	INI			
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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.
- 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. V
- 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.

 $|\sqrt{W}|$ we agree to the above condition and declare that all information given in this application are true and correct.

Company Stamp

GENERAL MANAGER: MATHEW PALMER.

ignature.....

Telephone No. 04-4254086

Mob: - NIL-

بونایند بریکات دونگریت پربونایند بریکات

recest Tel:04-3474

Documents Required

- 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

count No	Limit (Dhs)
Product/s	Time Period
Remarks	
Approved By :-	
Sales Manager	Accounts Manager
General Manager	Managing Director