# 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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1	General Details					
	Name of Organization	CENTAUR ELECTROMECHANICAL CONTRACTING CO LLC				
3	Legal Status	LLC		(Whether LLC, Co.,	Partnership, Proprietorship)	
;	Address	PO BOX NO.25024, DUBAI- UAE				
)	Telephone	04 4542808				
,	Fax	04 4542809				
	Email	info@centaur.ae				
<u>,                                      </u>	Year of Establishment	1991				
I	Commercial Regn. No.	225471		Expiry Date	27/07/2020	
_	Trade License No.			Expiry Date		
	Details of Owner / Proprietor / Partners					
	Name			Nationality		
_	Mr.Vidyuth Kini	Managing Director United				
-	Link Middle East I	Lta				
	Name Con FAIR WAY Mr.Ju Caribean Mr.Ri		Mobile / Phone 050 5954782 050 9424651	Credit Limit  AED 250,000/-  AED 100,000/-	Payment Terms 90 days 90 days	
•	Name Con FAIR WAY Mr.Ju Caribean Mr.Ri	tact Person zer	Mobile / Phone 050 5954782	AED 250,000/-	90 days	
2.	Name Con FAIR WAY Mr.Ju Caribean Mr.Ri Grid Solution M: Details of Credit require	zer yaz r.Mhelmar	Mobile / Phone 050 5954782 050 9424651 056 417 5288	AED 250,000/- AED 100,000/-	90 days	
2.	Name Con FAIR WAY Mr.Ju Caribean Mr.Ri Grid Solution M: Details of Credit require	tact Person zer yaz r.Mhelmar ment	Mobile / Phone 050 5954782 050 9424651	AED 250,000/- AED 100,000/- AED 300,000/-	90 days	
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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.
- 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.MR.VIDYUTH KINI

Telephone No.:04..4542808...

Mob :....

### **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

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