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	SHAHID HUSS P.O. Box : 79028, Ind. Area Mobile : +971=551144401 Email : shahid@shahidind.c	11, Sharjah U, ; +971–503971	AE 1249		9	5HA	HID	
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Λ	General Details	APPLI	CATION	I FORM CR	CEDIT FAC	JILI I Y		
1	Name of Organization	BLAN	A GEN	FRM. UN	TRACTING	ID' LL	C	
в	T coal Status	Diata	Lhe	envec a	CONTRACTING 10' LLC			
			nne	(Whether LLC, Co., Partnership, Proprietorship)				
С	Address	RAS	QL R	MOR DUB	A, UNE			
D	Telephone		04-33	5/658				
E	Fax		04-3331027					
F	Email		INFORBINATIALOMPANY. LOM				DM)	
G	Year of Establishment		195	1	P		1 totalia	
H	Commercial Regn. No.	4	189		Expiry Date		a 10419	
I	Trade License No.	1 d	1536		Expiry Date		×1/07/19	
J	Details of Owner /Propr Name	letor / Partn	ers		NY .1 15		1	
_	WR. MAY. K. R.	MATIA		1	Nationality			
K	NR.MAY. K. BI Names and Address of S			RAI. WAF	Nationality			
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		Page 2				
General Terms & Conditions :-						
otherwise an adequate notice is given to us in wr 4 All disputes arising in respect of all outstanding o	chase orders signed by authorized p payments of any materials supplied riting canceling those signatures. wer due account shall be finally refer ner of the firm. In case it is signed by	ersonnel. against LPOs duly signed by authorized personnel unless and				
/We agree to the above condition and declare that	all information given in this appl	ication are true and correct.				
Company Stamp Documents Required 1 Copy of Valid Trade License. 2 Copy of Chamber of Commerce / Economic Depar 3 Copy of Sponsor Passport / Identity Card 4 Copies of Document showing authorised signator 5 Guarantee Cheque, undated (amount to be decided)	Telephone Mob :	sor's Name No.:04333/058				
	For office use only					
Account No	Limit (Dhs)	Limit (Dhs)				
Product/s	Time Period	Time Period				
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ales Manager	Accounts Manager	Accounts Manager				
eneral Manager	Managing Director	Managing Director				