# 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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		APPLICAT	ION FORM	A CREDIT	FACILITY		
Α	General Details						
1	Name of Organization	ABR AL	BEHAR BUIL	DING CONTG			
В	Legal Status	(Whether LLC, Co., Partnership, Prop					
С	Address	DAHAN RAS AL KHAIMAH UAE					
D	Telephone	07 - 227 - 9609					
E	Fax						
F	Email	info@abralbeharcont.com					
G	Year of Establishment	,					
Н	Commercial Regn. No.		Expiry Date				
I	Trade License No.	31230	Expiry Date		y Date	11/03/	
J	Details of Owner / Proprietor / Partners						
	Name		Nationality				
	REEM KHALIFA SAEE	D RAHASH AL.	ALI	UNITED AKAI	3 EMIRATES		
AL S			Mobile / Phone		Credit Limit	Payment	
M	Details of Credit requirement  Credit Limit AED for days						
	Credit Limit AED for days						
N	Name and Address of Bankers with A/C No.  Name & Branch  Account No.						
			Account No.		NO.		
	ADOB ISLAMIC BANKING RAK BRANCH		CBRANCH	1146	114684 902 20001		
0	Authorized Signatories for cheques / Bill of Exchange / Other banking documents						
	Name		Designation			Specimen Signatu	
	REEM KHALIFA CAEED		OWNER				
	QAHASH 4L - ALI						
Р	Authorized signatory for LPOs						
	Name		Designation			Specimen Signatu	
	MR. ZAHER						

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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 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 Authorit 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.

#### **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		