SHAHID HUSSAN SCAFFOLDING IND. LLC

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		APPLIC	ATION EODM		DIT ELCE			
A	General Details		ATION FORM	ICKE	DII FACI	LIIY		
1	Name of Organization	BIRDA	FIECTON	IVE	HA ALLA	1 000		
		DIREC	ELECTIO-	MIC	TIANICAI	L CON	T. CO. L. L. C	
В	Legal Status	1LC			(Whether	LLC, Co., 1	Partnership, Proprietorsh	
С	Address	M-3 MU	M-3 MUSAFFAH, ABU DHABI					
D	Telephone		02-55 45801					
Е	Fax	02-5545804						
F	Email							
G	Year of Establishment	2000				-175 (HII)		
Н	Commercial Regn. No.	CN-102	4011	Expiry Date				
I	Trade License No.				Expiry Date			
J	Details of Owner / Prop	rietor / Partners				Company of the		
	Name				Nationality			
	KHALFAN MOHAMED		UA	UAE				
	MOHAMHED ALL			LADES	· H4			
10.000	Names and Address of Subsidiary / Associate Co.							
K								
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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.



Local Sponsor's Name

Signature.

Telephone No.:....

Mob :....

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