## 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 C	REDI	T FACILITY		
A	General Details				al april a marrie in		
1	Name of Organization •	Rely In	dustines F2	10			
В	Legal Status	Free Zon	dustines A		(Whether LLC, Co., P	artnership, Proprietorship)	
С	Address		Parle, Du		VAE		
D	Telephone	+974-8840662					
Е	Fax	79714-8840663					
F	Email	Ichalidijamil Ryely-uge. wm					
G	Year of Establishment	2004	•				
Η	Commercial Regn. No.	CN1418	45	Е	xpiry Date	30-09-20	
I	Trade License No.	7-47192 Expiry Date			30-09-20		
J	Details of Owner / Propr	ietor / Partners					
	Name			Nat	tionality		
	Samal			e5 an	13e		
	Nassav						
K	Names and Address of Subsidiary / Associate Co.						
	NA		4:				
L	Details of companies you						
	AND THE RESERVE OF THE PARTY OF	tact Person	Mobile / Phone		Credit Limit	Payment Terms	
	Al Danuse		842-66796		300,000	120 days	
_	National	on cont	0 50 243374	2	150,000/-	120 days	
M	Blue Rhine	04-8857599 200,000/ 120 days				No days	
M	Details of Credit requirement  Credit Limit AED						
_	Credit Limit AED	,000 /-	for	days			
N	Name and Address of Ba	inkers with A/C No					
	Name & Branch Account No.					No.	
	Bank of Sharjah-Media Gly 01106-457236						
0	Authorized Signatories for	or chaques / Pill of	Frank / Other have	1			
U	Name	or cheques / Bill of				e e:	
1	CANADA CONTROL OF THE PARTY OF	C - / NA	Designation		- · /	Specimen Signature	
	Jamax Na	ssay M	lanaging D	rest	OV	Way .	
P	Authorized signatory for LPOs						
	Name Designat						
	Ichalid Jamil Mnanigh			ntro	Ner		
					101	lollo	
					7	Th.	

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## **General Terms & Conditions:**

- An Interest of 12% will be charged on the outstanding amounts beyond the allowed credit period.
- 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
- n to the

- 5	otherwise an adequate notice is given to us in writing cand	The state of the s				
4		ccount 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 Authority signatory by owner/s to sign such a document is to be attached.					
I/We a	agree to the above condition and declare that all inform	mation given in this application are true and correct.				
	Company Stamp	Local Sponsor's Name				
	RELY Industries FZCO Dubai Branch					
	ريـلاي للـصـنـاعـات ش م ح فرع دبي P.O.Box: 333309	Telephone No.:				
		Mob :				
Docur	ments Required					
1	Copy of Valid Trade License.					
2	Copy of Chamber of Commerce / Economic Department Co	ertificate.				
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		mit (Dhs)				
Product/s		e Period				
Remar	ks					
Appro	ved By :-					
Sales Manager		counts Manager				
Gener	al Manager	Managing Director				