

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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APPLICATION FORM CREDIT FACILITY

A	General Details				
1	Name of Organization	Maisam Trading LLC			
B	Legal Status	LLC	(Whether LLC, Co., Partnership, Proprietorship)		
C	Address	SHOP 3 , NAKHEEL CENTER , DEIRA , DUBAI			
D	Telephone	04 2218202			
E	Fax	04 2218404			
F	Email	MOIZ@MAISAMDUBAI.COM			
G	Year of Establishment	1998			
H	Commercial Regn. No.		Expiry Date		
I	Trade License No.	227465	Expiry Date		
J	Details of Owner / Proprietor / Partners				
	Name	Nationality			
	ZUZAR	INDIAN			
K	Names and Address of Subsidiary / Associate Co.				
	FAIRWAY BUILDING MATERIALS LLC				
L	Details of companies you currently enjoy credit facilities from				
	Name	Contact Person	Mobile / Phone	Credit Limit	Payment Terms
	INTERNATIONAL PLASTICS LLC - QUTUB		0503820552	500000	180 DAYS OPEN CREDIT
M	Details of Credit requirement				
	Credit Limit AED 100000 for 150 days				
N	Name and Address of Bankers with A/C No.				
	Name & Branch			Account No.	
	CBD			1001605979	
	EMIRATES ISLAMIC				
O	Authorized Signatories for cheques / Bill of Exchange / Other banking documents				
	Name	Designation		Specimen Signature	
	ZUZAR	PARTNER			
P	Authorized signatory for LPOs				
	Name	Designation		Specimen Signature	
	MOIZ	MANAGER			

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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 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.
- 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 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.....

Telephone No.:.....

Mob :.....

Documents Required

- 1 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.....