

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



Page 1

APPLICATION FORM CREDIT FACILITY

A	General Details				
1	Name of Organization	CRANE CARE TECHNICAL SERVICES			
B	Legal Status	LLC	(Whether LLC, Co., Partnership, Proprietorship)		
C	Address	AL SAUD BUILDING ,AMMAN STREET ,AL QUSAIS IND 4, DUBAI ,UAE			
D	Telephone	+971 42570906			
E	Fax	+971 42510907			
F	Email	sales@cranecaregulf.com			
G	Year of Establishment	2010			
H	Commercial Regn. No.	1068903	Expiry Date	19-12-2019	
I	Trade License No.	647838	Expiry Date	19-12-2019	
J	Details of Owner / Proprietor / Partners				
	Name	Nationality			
1	LEO JOSEPH	INDIAN			
K	Names and Address of Subsidiary / Associate Co.				
L	Details of companies you currently enjoy credit facilities from				
	Name	Contact Person	Mobile / Phone	Credit Limit	Payment Terms
1		TOMY EMMANUEL(world wide MT)	0506857624	25000.00	60 DAYS
		ANIL KUMAR(Technomac crane S	0565265760	25000.00	60 DAYS
		ALTHAF (Al Reem Equi & Tools)	0564451586	25000.00	60 DAYS
M	Details of Credit requirement				
	Credit Limit AED 10000.00 for 60 DAYS days				
N	Name and Address of Bankers with A/C No.				
	Name & Branch			Account No.	
	RAK BANK , AL QUSAIS BRANCH			0372037115001	
O	Authorized Signatories for cheques / Bill of Exchange / Other banking documents				
	Name	Designation		Specimen Signature	
	LEO JOSEPH	MANAGING DIRECTOR			
P	Authorized signatory for LPOs				
	Name	Designation		Specimen Signature	
	SANEESH JOSE	H.R MANAGER			

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



Page 2

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

AHMED GHANIM SOHRAB MOHAMMED AHLI

Signature.....

Telephone No.:.....+97142344220

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.....