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 N	Name of Organization	AL TENLATAT	BLDG MATTROG LLC
- 1	Tame of Organization	Hr 2 CIVILIDI	BUY MAN TRUY LLC
B L	egal Status	LLC	(Whether LLC, Co., Partnership, Proprietorsh
C A	Address	P.O. BOX 27752	
D T	Telephone	04-2280736, 04-2232745	
E F	⁷ ax	04-2280747	
200	Email	into & algenaidibut. com	
	ear of Establishment	1998	
	Commercial Regn. No.	1011381	Expiry Date 18/01/2020
I T	rade License No.	503499	Expiry Date 18/01/2020
D	Details of Owner /Propr	ietor / Partners	17 10/11/20
	Name		Nationality
1.	JUZER	GIULAM ABBAS	INDIAN
2	YUSUF	JUZER	INDIAN
LS			bile / Phone Credit Limit Payment Terms
VISI	ILMIYA BOM DOM CHVLFTLA	MRBURHAN DING MRBURHAN	050-1980526 AED 200,000 120 DAYS
VTSI	FLMIYA BOM DOM GAVLE TA etails of Credit requires	MRBURHAN DIWG MRBURHAN	050-1980526 AED 200,000 120 DAYS 055-5690572 AED 300,000 120 DAYS
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General Terms & Conditions:

- 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.

Tel.: 04-2280736
P.O. Box: 27752
Dubai - U.A.E.

d

Local Sponsor's Name

SULTAN ABDUL KAREEM

Signature.

Telephone No.:....

Mob :.... (55 2 ... 2 ... 2 ... 2 ... 2 ... 2 ... 2 ... 2 ... 2 ... 2 ... 2 ... 2 ... 2 ... 2 ... 2 ... 2

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