

APPLICATION FOR CREDIT FACILITY

1. Name of the Company : _____
2. Postal Address / Location: : _____
Tel. No. & Fax No. : _____
E-mail Address : _____
Nature of Business : _____
Name of the Owner : _____
Name of the Sponsor : _____
Trade License No. / Validity : _____
(Please attach Photocopy)
Date of Establishment : _____
3. Name, Address of Sister Company : _____
4. Bank Details
Name : _____ Name : _____
A/C No. : _____ A/C No. : _____
Branch : _____ Branch : _____
5. We have no objection if you write to our bankers for trade reference.
6. We give below three references with addresses to whom you may write or call:
1. _____
2. _____
3. _____
7. Estimated credit amount value per month Dhs. _____
8. We under to settle within the approved credit limit with no changes/discount on the invoice without your approval.
Period of days : _____
Maximum days for collecting cheques : _____
Mode of Payment
P.D.C. / L.P.O. : _____



Tel.: +971 4 267 3177 , Fax: +971 4 267 9377, P.O.Box: 31099, Dubai - U.A.E.

Web: www.citytimber.co, E-Mail: info@citytimber.co

9. Person authorized to sign LPO

Name : _____
Designation : _____
Signature : _____
(with Company Stamp)

10. We understand that a surcharge of **5%** per month will be payable on outstanding after due date.

11. We are liable for Dhs.1,000.00 fine for every return cheques.

12. Authorized Signatory for Cheques:

(Please attach power of attorney for the authorized signatory)

Name : _____
Designation : _____
Signature : _____
(with Company Stamp)

13. For reference we attached the following documents:

☐ Passport Copy of the Owner who is authorized to sign the cheques
☐ Trade License Copy

OFFICE USE

Credit Limit Amount: : _____

Terms of Payment :

☐

cash
only

☐

30 days
PDC

☐

60 days
PDC

☐

90 days
PDC

☐

120 days
PDC

Sales Manager's remarks based on his evaluation:

Sales Manager:

Managing Director :

As part of our credit arrangements with all companies, we request that this form may kindly be completed so as to open a new corporate account for your company.



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