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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A	General Details							
1	Name of Or	ganization	Gulf Star Cooling	Services LLC				
В	Legal Status		LLC			(Whether LLC, Co., Partnership, Proprietorship)		
C .	Address 14th Floor, Al Ma			asraf Bank Building, Hamdan Street, Abu Dhabi 910				
D '	Telephone		026426803					
E I	Fax 026426823							
F :	Email starcool@gscs.ae							
_	Year of Establishment 19-12-199							
_	Commercial Regn. No.		46127					
15	Trade Licen		CN-1029105		Exp	oiry Date 05-01-2020		
J :	Details of Owner / Proprietor / Partners							
	Name				Natio	onality		
	Control & Applications Group LLC			UAE				
7	Moustafa Rashad Mohamed Fa		ned Farid Afify Salem		Egy	pt		
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			Subsidiary / Associat	e Co.				
	Control & A	pplications E	mirates LLC	是在数据证据表现。 第二次			THE WORLD BY A STREET	
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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.



Local Sponsor's Name Mr. Mohamud Hassan Haji
Signature....
Telephone No.: 026767965

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			
General Manager	Managing Director			