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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		APPLICA	HON FORM	CRE	DIT FACILITY	
A	General Details					
1	Name of Organization	Advanced Construction Technology Contracting LLC				
В	Legal Status	NC		• •	(Whether LLC, Co	o., Partnership, Proprietorship)
С	Address	Al Abrai S	AC Abraj Street; Business Bay; Al Manora Tower 31,08			
D	Telephone	04/5521365				
Е	Fax	04/5521367				
F	Email	Info Gact contracting lee. com				
G	Year of Establishment	2014	4			
Н	Commercial Regn. No.				Expiry Date	
I	Trade License No.	(1101-		Expiry Date		28/05/2020
J	Details of Owner /Prop	rietor / Partners				
	Name				Nationality	
	Ahmad	SMMOUR			inicon	
	Hamzeh	Souliman		Jor	danian	× ***
	Solem Omar	Solem		UAG		
K			I's C. 'I's' - C.			
Ļ	RAKILIX Mr. FO	ntact Person	Mobile / Pho 050/44342.0	06	Credit Limit	Payment Terms 120 day S 120 day S
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General Terms & Conditions :-

- 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

State Company Stamp

P.O. Box: 393059

Dubai - U.A.E.

P.O. Box: 100 ACCENTAGE

P

Local Sponsor's Name

Signature....

Telephone No. 04/5521365

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