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		والمراجعة التابية						
1	Name of Organization	SPECTR	UM MIDA	LE E	AST TRE	aDiNG	LLC		
В	Legal Status	LLC			(Whether LL	C, Co., Partne	ership, Proprietorship)		
С	Address	POBOX	POBOX 233520, A/Qusqu's Dulan UAE						
D	Telephone	04 25 86203							
E	Fax	04 25 86204							
F	Email	info@spectsion-me.com							
G	Year of Establishment	2006							
H	Commercial Regn. No.			Expiry Date					
I	Trade License No.	588980	588980			Expiry Date Of /13/30			
J	Details of Owner /Pro	Proprietor / Partners							
	Name		Nationality			ALC: Y	A CONTRACTOR		
	LOBO		JOSE		AN				
	THOMAS	THOMAS JOSEPH		INDIAN					
K	Names and Address of Subsidiary / Associate Co.								
	NIC								
	Dataile of a service of	4 1	ata e titat e						
L	Details of companies y	ontact Person		-	C P. I.		D . M		
					Credit Limit		Payment Terms		
	TECON NISHAMUDHEEN		050463				90 DAYS		
	ALZUBAIR ANDOP K UB EMIRAIES MADHU MATH		055/329		200,0001-		90 DAYS		
M	Details of Credit requi								
TAT									
	Credit Limit AED for for days								
N	Name and Address of Bankers with A/C No.								
14	TVAINC AND TRUTESS OF	Name & Branch	•	Account No.					
	FIR AL	1B AITWAR		27076					
-	L'15, MI	14011	WITK			3707668816001			
0	Authorized Signatories	orized Signatories for cheques / Bill of Exchange / Other banking documents							
	Name	Designation Specimen Signature			rimen Signatura				
	LORO TO	CE				Specimen vignature			
	2000 30		DIRECTOR						
P	Authorized signatory f	uthorized signatory for LPOs							
	Name		Designation			Specimen Signature			
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	INDIGIC INLY					A	To long		

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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.
- 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.



Local Sponsor's Name
Signature
Telephone No.:
ha. L. W

Documents Required

- 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