# 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'	TION FOR	RM CRED	IT FACILITY	
A	General Details			· 利斯特 · 图		
1	Name of Organization	ACME Technical Institution LLC.				
В	Legal Status	LLC			(Whether LLC, Co	., Partnership, Proprietorship
С	Address	POBOX. 114306, Abudhabi, VAE				
D	Telephone	02 674 66 33				
Е	Fax	69 6448855				
F	Email	info@almi-ual.com				
G	Year of Establishment	2008				
Н	Commercial Regn. No.	CN-119186	16	Expiry Date		
I	Trade License No.				Expiry Date	
J	Details of Owner / Proprietor / Partners					
	Name Nationality					
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L	Names and Address of Su  Details of companies you			om		
L	Details of companies you Name Conta	currently enjoy c	eredit facilities fro	Phone	Credit Limit	Payment Terms PDC 128
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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.
- 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

P. O. Box: 114306
Abu Dhabi - U.A.E.

Local Sponsor's Name-

Tolophoro No. 02, 644 66 33

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