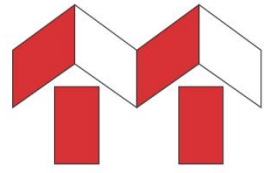


APPLICATION FOR CREDIT FACILITY



تروبييل للتسويق  
والتجارة - ذ.م.م  
TRUEBELL MARKETING  
AND TRADING LLC

Name of the Establishment: \_\_\_\_\_

Address : \_\_\_\_\_

Location : \_\_\_\_\_

Tel Nos.:

Fax No.:

Ownership Type:

Year Established:

YYYY/MM/DD

Name & Address  
of Sponsor /

Local Partner : \_\_\_\_\_

Name & Address of Proprietor/Partner(s)/Director(s) [Please state designations]

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Trade Licence No.:

Chamber of Commerce Reg.no.:

Name(s) of Associates /Sister Concerns

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name Three companies with whom you enjoy credit :

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Bankers Names/Branch / Address /Accounts no(s):

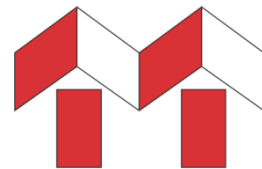
1. \_\_\_\_\_

2. \_\_\_\_\_

Authorized Signatories of Bank Account(s)

1. \_\_\_\_\_

2. \_\_\_\_\_



Person(s) to be contacted for payment :

1. \_\_\_\_\_
2. \_\_\_\_\_

Person(s) authorized to place purchase orders & their signature(s) :

1. \_\_\_\_\_
2. \_\_\_\_\_

Credit limit required (Dhs):

Credit period (Days):

**Undertaking by the Customer :**

I /We undertake to make payment against monthly statement immediately on receipt of the same by a cheque as per credit terms approved.

I /We undertake to indemnify **M/s TRUEBELL MARKETING AND TRADING LLC.**, for any loss suffered on account of the non-payment of the cheque(s) on due date.

This includes payment of **interest @ 12% p.a.**

The information given in this credit application form is true and I / We have no objection on **M/s TRUEBELL MARKETING &TRADING LLC.**, making any enquiries on them.

Name& Signature of Proprietor / Partner(s)/ Director(s)

Name :

\_\_\_\_\_

Signature :

Name :

\_\_\_\_\_

Signature :

Company Stamp :

**PLEASE ENCLOSE:**Passport copies of Proprietor / Partner(s) / Director(s).  
Photocopy of Trade Licence.  
Photocopy of Registration with Chamber of Commerce.  
Any Other Document(s) to support this Application.

**[For internal use only ]**

Sales Manager's Recommendation

Approval by Director(s)

Credit limit Approved (Dhs):

Credit period Approved(Days):

Name of the Sales Executive Incharge :

\_\_\_\_\_

**Please fax this form completely filled to : 00971 6 5343465**