

Tel: +973 17608208 : تلفون

Fax: +973 17601099 : فاكس



CREDIT ACCOUNT APPLICATION

1 Name of the Company _____

2 Address _____

3 Telephone No. _____

4 Fax No. _____

5 E mail _____

6 Website _____

7 CR NO. _____

8 Nature of Business _____

9 Sponsor's Name _____

10 Sponsor's Address _____

11 Banks Name _____

1- _____ A/C NO. _____

2- _____ A/C NO. _____

1. Name of the authorized person/s for signing the LPO

a. Name: _____ Position: _____

Signature: _____

b. Name: _____ Position: _____

Signature: _____

2. Name of the authorized Accountant: _____

Tel No: _____ Fax No: _____

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3. a. It is understood and accepted that payment in full and shall be made for purchase as per the terms indicated below.

b. It is understood that this facility can be amended or withdrawn at any time at the direction of CERAMICA DELMON co WLL

4. The Company mentioned above is:

- ❖ Totally responsible for any merchandise supplied against Purchase Order duly signed by its staff even if his / her name is not mentioned
- ❖ Holds the total responsibility to inform /update us regarding any changes in the mentioned data of any articles in this agreement

5. I/we hereby declare that I/We have read and understand the above and agree to be bound by the stated terms and conditions

a. Name: _____ Position: _____

Signature: _____

Official Stamp Here

Documents Required:

- ① CR copy ② CPR copy of the sponsor ③ latest Bank Statement

FOR OFFICAL USE ONLY

Terms of Payment _____ Remarks _____

Credit Limit _____ Remarks _____

Credit Period _____ Remarks _____

Approved By: -----