

CREDIT APPLICATION FORM

Name of Customer : _____

Address : _____

City : _____

Tel. : _____ Fax : _____

Email : _____

Type of Registration (Tick Appropriate Below)

Proprietorship Partnership LLC

Others (Specify): _____

Trade License No : _____

Trade License in the name of : _____

Nature of Business : _____

Products : _____

Sponsors Name: _____

Sponsors Address : _____

City: _____

Tel.: _____ Fax : _____

Principal s Name : _____

Tel.: _____ Fax : _____

Bankers Details:

Bank Name & Branch: _____

Account #: _____ Account Type: _____

Company Personal

Estimated Annual Turnover with MCS : AED _____

Credit Limit Applied For : AED _____

Payment Terms : _____

Contact Person for Payment : _____

Tel : _____ Mobile: _____

Fax : _____

Persons authorized to sign cheques on behalf of the company :

Name Designation

DECLARATION

I / WE agree that the credit limit is approved for a period of one year and that it may be withdrawn at any time by **MCS** without prior notice. I / We further agree to abide by the payment terms of MCS in force time to time Should any changes take place in the above mentioned details, I / We will inform immediately in writing.

Authorised Signatory : _____

Name : _____

Designation : _____ Date : _____

FOR MCS USE ONLY

Customer Code : _____

Approved Credit Limit : AED _____

Account Manager : _____

Remarks : _____

Approved By: _____ Date : _____

Docs Required:

Trader License Copy

Power of Attorney of the Signatory