

APPLICATION FOR CREDIT FACILITY

NAME OF THE APPLICANT: _____

P.O.BOX: _____

LOCATION: _____

TELEPHONE NUMBER: _____

EMAIL: _____

TYPE OF THE ORGANISATION

LLC PARTNERSHIP SOLE PROPRIETORSHIP

NATURE OF BUSINESS: _____

TRADE LICENCE NUMBER: _____

CAPITAL: _____

DATE OF ISSUE: _____ EXPIRY DATE: _____

NO	NAME OF INVESTORS/DIRECTORS	NATIONALITY	ADDRESS IN COUNTRY OF ORIGIN
1			
2			
3			

LOCAL SPONSOR: _____ TELEPHONE: _____

BANK DETAILS

NO	BANK NAME	BRANCH/EMIRATE	BANK A/C
1			
2			
3			

AUTHORISED SIGNATURE: _____

COMPANY STAMP: _____

AUTHORISED SIGNATORIES

NAME & SIGNATURE OF PERSONS AUTHORISED TO SIGN **PURCHASE ORDERS.**

NO	NAME & CONTACT NUMBER	DESIGNATION	SIGNATURE
1			
2			

CHEQUE

NAME & SPECIMEN SIGNATURE OF PERSONS AUTHORISED TO SIGN CHEQUES

NO	NAME & CONTACT NUMBER	DESIGNATION	SIGNATURE
1			
2			

ACCOUNTS CONTACT

NAME & SPECIMEN SIGNATURE OF PERSONS TO BE CONTACTED IN ACCOUNTS FOR PAYMENT

NO	NAME & CONTACT NUMBER	DESIGNATION	SIGNATURE
1			
2			

TRADE REFERENCES

NO	COMPANY NAME	CONTACT PERSON	MOBILE NO / TELEPHONE NOS
1			
2			
3			

PORPOSED MONTHLY PURCHASE IN AED: _____

REQUEST CREDIT FACILITY

AMOUNT: _____ DAYS: _____

DOCUMENTS TO BE SUBMITTED

- 1) COPY OF TRADE LICENSE, INDUSTRIAL LICENSE, CHAMBER OF COMMERCE SIGNATURE.
- 2) PASSPORT COPY OF LOCAL SPONSOR AND ABOVE AUTHORIZED SIGN.
- 3) SIX MONTHS BANK STATEMENT
- 4) GURANTEED DATED CHEQUE OF THE AMOUNT CREDIT LIMIT.
- 5) LEAVING FILLED BLANK WILL CAUSE IN DELAY IN PROCESSING YOUR ACCOUNT

AUTHORISED SIGNATURE AND COMPANY STAMP: _____



Tel: Dubai: (971-4)8855001 Fax: (971-4)8855230
E-mail: sales@ascenduae.com
Web: www.ascenduae.com

DECLARATION BY CREDIT APPLICATION

I/We hereby agree that the conditions of payment are strictly net payable within the credit terms (days) agreed by Ascend Access System Scaffolding LLC

I/ We agree that the failure to settle outstanding invoices with the agreed credit terms in days will result in all outstanding debts becoming immediately payable and credit facilities being withdrawn forthwith

I/We all authorize you to take up any reference which may be considered necessary

I/We agree that Dubai court will be the voluntary arbitrator in case of any confusion or misunderstanding arising because of any commercial business with Ascend Access System Scaffolding LLC, Duabi

I/ We agree that this agreement shall be signed by those persons who will be signatories to any cheque issued for payment in respect of purchase from Ascend Access System Scaffolding LLC and each such signature shall be authenticated by the imprint of the company seal.

I/ We agree to ensure that the payment terms are mentioned on all LPOs.

I/ We declare that the above information is correct and guarantee to settle the amounts outstanding as per the terms and conditions on which the credit facility will be granted to us.

In the event that the amount outstanding due to Ascend Access System Scaffolding LLC reaches the credit limit agreed in writing by Ascend Access System Scaffolding LLC, I We shall immediately make payments to bring the amount below the authorized credit limit.

I/ We hereby grant to Ascend Access System Scaffolding LLC a continuing lien on all of my / our property that may be. or come to be, in the possession of Ascend Access System Scaffolding LLC as security for the payment of any and all of my / our obligations and liabilities to Ascend Access System Scaffolding LLC

I/ We have read and understood Ascend Access System Scaffolding LLC general terms and conditions of sales

SIGNATURE _____ TITLE/ DESIGNATION _____

SIGNATURE _____ TITLE/ DESIGNATION _____

SIGNATURE _____ TITLE/ DESIGNATION _____



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E-mail: sales@ascenduae.com
Web: www.ascenduae.com

To be completed by Ascend Access System Scaffolding LLC and faxed to customer

SALES

Customer Details: _____

Type: _____

History: _____

Signature of Sales Manager: _____

Recommendation to Sales Director: _____

Credit Amount: _____

Payment Terms: _____

Approved By: _____

Signature of Sales Director: _____

Signature of General Manager: _____

Signature of Managing Director: _____

ACCOUNTS DEPARTMENT

Customer Name: _____

Customer Code: _____

Credit Amount: _____

Payment Terms: _____

Date: _____

Credit Controller Signature: _____