

JAZEERAT AL KANZ TRADING, LLC

P.O. Box 24183, Dubai - UAE.

CREDIT APPLICATION FORM

Failure to fill in all blanks may delay processing.

Application must be signed by owner or duly authorized officer or partner

SEND TO ATTENTION: CREDIT CONTROL DEPT.**TEL. NO.: +9714 2233926 FAX +971 4 2237020**

Please print or type the following information:

Firm Name: _____

Tel.No.: _____

Fax No.: _____

Address: _____

Location: _____

Type of Enterprises:

Proprietorship

Partnership

LLC

JAFZ

Others

Trade License/Commercial Regn. No. _____

Issued at: _____

Expiry Date: _____

Date Business Started: _____

Nature of Business: _____

Details of Branches other business (if any): _____

No. of Employee: _____

Name of Local Sponsor: _____

Name (s) of Proprietor, Partners, Shareholder

Nationality

Share

Passport No.

(Passport copies to be attached)

1

_____ %

2

_____ %

3

_____ %

Name of Person(s) authorized to Place Orders; Received Goods; Sign Cheques:

(Power of Attorney to be attached where required)

Name

Specimen Signature

Authorized to:

1. _____

 Place Order: Received Goods: Sign Cheque

2. _____

 Place Order: Received Goods: Sign Cheque

3. _____

 Place Order: Received Goods: Sign Cheque

PURCHASING CONTACT: Name: _____

TITLE: _____

TEL. NO. _____

FAX NO. _____

EMAIL ADDRESS: _____

ACCOUNTS PAYABLE CONTACT: Name: _____

TITLE: _____

TEL. NO. _____

FAX NO. _____

EMAIL ADDRESS: _____

Expected Annual Turnover with Jazeerat Al Kanz Trading, LLC

AED _____

Credit Limit Requested: AED _____

Credit Period Requested: Days _____

BANK DETAILS

Bank:	Bank:
Branch:	Branch:
Account No.:	Account No.:
Title of Account:	Title of Account:
Facilities:	Facilities:

TRADE REFERENCE

"Companies with whom credit has been established; three required"

1)	Name: Address: Tel. No.:	Contact Person: Turnover: Credit Limit:
2)	Name: Address: Tel. No.:	Contact Person: Turnover: Credit Limit:
3)	Name: Address: Tel. No.:	Contact Person: Turnover: Credit Limit:

TERMS & CONDITIONS:

1. In consideration of the extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due to JAZEERAT AL KANZ TRADING, LLC for purchase of products or services.
2. If JAZEERAT AL KANZ TRADING, LLC must take action to collect any outstanding amount, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court fees, court costs and interest thereon at the then maximum legal rate.
3. In case of any change in the constitution of the applicant's organization, the applicant should inform JAZEERAT AL KANZ TRADING, LLC immediately with appropriate documents.
4. JAZEERAT AL KANZ TRADING, LLC reserves the right to change its policies, terms and conditions at its discretion and the applicant agrees to abide by the same.
5. The applicant does not have any objection in case JAZEERAT AL KANZ TRADING, LLC contacts their bankers or any other trade references for information.

AUTHORIZED SIGNATURE NAME DESIGNATION DATE
WITH SEAL OF THE CO

P.S. Enclosing the valid documents as below will help us to process your application quickly.

Documents Required:

1. Trade License
2. Chamber of Commerce Certificate
3. Passport Copies of Signatories
4. Copy of Power of the Manager
5. Company Profile

FOR OFFICIAL USE ONLY

CCA: Profit Center Customer Code: Sales Person:

Comments by Sales Dept. (including areas outside the control of firm which may have severe impact on firms credit standing)

Name Signature Date