



APPLICATION FOR CREDIT FACILITY

Date: _____

- 1) Company Name: _____
- 2) Nature of Business: _____
- a) Name of Owner/ Chief Executive: _____
- b) Sponsor (In Case of Foreign Est.): _____
- 3) Company Address: _____

Tel. No: _____ Fax No: _____ Email: _____

Business Location: _____

- 4) Trade License No: _____ Valid Up to: _____
 (Please attach copy of Trade License along with Credit Application)
- 5) Year of Establishment: _____ No. of Branch if Any: _____
- 6) Name of Associates or Sister Companies if Any: _____

7) Bank Details:

	Bank Name	A/c Number	Address	Tel. No
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____

(Can we have reference about your company from any of above said bankers - YES / NO)

- 8) Business References: (Major suppliers dealing with you on credit basis)
- | | Name | Credit Terms | Contact Person | Telephone |
|----|-------|--------------|----------------|-----------|
| a) | _____ | _____ | _____ | _____ |
| b) | _____ | _____ | _____ | _____ |

- 9) Official Authorized to Sign Purchase Order, Delivery Note
- | | Name | Designation | Address | Tel. No |
|---------|-------|-------------|---------|---------|
| LPOs a) | _____ | _____ | _____ | _____ |
| DOs b) | _____ | _____ | _____ | _____ |

- 10) Official Authorized to Sign Cheques
- | | Name | Designation | Address | Tel. No |
|----|-------|-------------|---------|---------|
| a) | _____ | _____ | _____ | _____ |
| b) | _____ | _____ | _____ | _____ |

11) Name of Manager/Financial Controller _____

12) Credit Limit Required Per Month: _____

It is agreed that payment in full shall be made within _____ of the date of your invoice.

For: _____

 (Authorized Signatory)

Signatory Name: _____
 Designation: _____
 Company Seal: _____



For internal use of ROYALMEX LLC

Approved Credit Limit **AED.** _____
Days Approved _____

Sales Manager - Signature

Management -Signature

Remarks: _____

