



CREDIT APPLICATION

Date: _____

Commercial Name : _____

P.O. Box No. : _____ Emirates: _____ Email: _____

Tel No. : _____ Fax No: _____

TRN : _____ Copy of Certificate is attached.

Office Location : _____

Type of Activity : _____

Sponsor's Name : _____

Sponsor's Address : _____

Trade License No. : _____ Valid Until: _____ (Copy Attached)

APPLICANT'S BANKERS

1. Bank Name : _____ 2. Bank Name : _____

Address : _____ Address : _____

Contact Name : _____ Contact Name : _____

Account No. : _____ Account No. : _____

TRADE REFERENCES

1. Company Name : _____

P.O Box : _____

Address : _____

Contact Name : _____

Phone : _____

2. Company Name : _____

P.O Box : _____

Address : _____

Contact Name : _____

Phone : _____

AUTHORISED SIGNATORIES

DESIGNATION

SPECIMEN

LPO

CHEQUES

1. _____

2. _____

3. _____

Emirates Specialities Co.L.L.C

P.O.Box 46564 Abu Dhabi - United Arab Emirates

Tel. +971 2 6784800

Fax. +971 2 6778366

TRN No: 100266000700003



e-mail abudhabi@esco.ae

website www.esco.ae

شركة الامارات للمواد الخصوصية ذ.م.م

ص.ب: ٤٦٥٦٤ أبوظبي، الامارات العربية المتحدة

هاتف: +٩٧١٢٦٧٨٤٨٠٠

فاكس: +٩٧١٢٦٧٧٨٣٦٦

رقم التسجيل الضريبي: ١٠٠٢٦٦٠٠٧٠٠٠٠٣

Date: _____

Commercial Name : _____

EXPECTED MONTHLY PURCHASES: _____

APPLICANT

Full Name : _____

Designation : _____ Signature & Stamp: _____

(Please attach a copy of the Passport/Emirates ID and the Residence Visa page of the authorized signatory who is signing this application)

By signing this Credit Application, we undertake to pay ESCO Invoices on maturity.

Credit Approval is subject to the Credit Committee decision which shall be notified to you in due course.

Contact Person at ESCO : _____