



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 of all pages are attached)

APPLICANT'S BANKERS

	<u>Name</u>	<u>Address</u>	<u>Tel No.</u>
1.	_____	_____	_____
2.	_____	_____	_____

TRADE REFERENCES

- _____
- _____

AUTHORISED SIGNATORIES DESIGNATION SPECIMEN LPO CHEQUES

1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED CREDIT AMOUNT AED: _____ PERIOD: _____ Days

APPLICANT

Full Name : _____

Designation : _____ Signature & Stamp: _____

(Please attach a copy of the Passport/Emirates ID and the Residence Visa page of the authorized signatory and the authorization document.)

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 : _____