

Emirates Specialities Co.L.L.C

P.O.Box 3880 Dubai - United Arab Emirates
Tel. 3470767 - Fax. 3470765
Customer Service : 800 4508
TRN No: 100266000700003



e-mail dubai@esco.ae
website www.esco.ae

شركة الامارات للمواد الخصوصية ذ.م.م

ص.ب: ٣٨٨٠ دبي - الامارات العربية المتحدة
هاتف: ٣٤٧٠٧٦٧ - فاكس: ٣٤٧٠٧٦٥
خدمة العملاء: ٨٠٠٤٥٠٨
رقم التسجيل الضريبي: ١٠٠٢٦٦٠٠٠٧٠٠٠٠٣

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

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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 : _____