



CREDIT APPLICATION

Date: _____

Commercial Name : _____

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

Tel No. : _____ Fax No: _____

Office Location : _____

Type of Activity : _____

Sponsor's Name : _____

Sponsor's Address : _____

Trade License No. : _____ Valid Until: _____ (Copy 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 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 TERMS APPROVED

Amount : _____

Against : LPO No. of days : _____

PDC Approved by: _____

Contact Person as ESCO : _____