

## CREDIT APPLICATION FORM

### ORGANIZATION DETAILS

Name of Organization : \_\_\_\_\_  
Number of Employees : \_\_\_\_\_  
Parent Company or Owner : \_\_\_\_\_  
Affiliated Company : \_\_\_\_\_  
Type of Business : \_\_\_\_\_  
Trade License Number : \_\_\_\_\_ Date of expiry: \_\_\_\_\_  
Commercial Reg. No. : \_\_\_\_\_  
Date of operation : \_\_\_\_\_  
Number of branches : \_\_\_\_\_

### ADDRESS DETAILS

Sponsors Name and Address (if applicable) : \_\_\_\_\_  
: \_\_\_\_\_  
Business Address : \_\_\_\_\_  
: \_\_\_\_\_  
Internet Address (if applicable) <http://www> : \_\_\_\_\_  
Billing Address (if different from above) : \_\_\_\_\_

### CONTACT DETAILS

Contact Name: \_\_\_\_\_  
Position : \_\_\_\_\_  
Telephone : \_\_\_\_\_ Telefax: \_\_\_\_\_  
E-mail : \_\_\_\_\_

**Credit Facility Required AED/USD**.....

### BANK DETAILS

Name of Bank : \_\_\_\_\_  
Address : \_\_\_\_\_  
Account No. : \_\_\_\_\_  
Swift Code : \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Telefax : \_\_\_\_\_

BUSINESS REFERENCES (THREE) Companies who provide you Credit Facilities

Company	Contact Person	Tel. No.	Credit Terms	Amount	Mode of Payment

AUTHORIZED SIGNATORIES to sign on behalf of the Company (for bookings)

Name	Position	Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NAME OF EXECUTIVE TO BE CONTRACTED FOR PAYMENT**

_____	_____
Name	Position
_____	_____
Name	Position

**Undertaking by Applicant**

- 1) I/We hereby declare that the above information is true to the best of my/our knowledge.
- 2) All invoices to be paid within the agreed allotted credit period.
- 3) I/We understand that the failure to make payment when an amount becomes due will result in automatic suspension/cancellation of the credit facilities and the account shall become payable in full and further, **Triplens** and Affiliated Companies shall have the right to take any legal action for recovery of its dues. The balance outstanding and remains unpaid is subject to monthly interest of 3% calculated from the due date.
- 4) **Triplens**, is authorized to request the applicant to provide a Deposit or Bank Guarantee in the amount of the credit limit applied for.
- 5) I/We understand that this credit facility is not applicable for any Group bookings.
- 6) I/We authorize **Triplens** to communicate directly or otherwise with our bankers and trade references listed on the application form to verify our creditworthiness at any time.
- 7) All invoices will be deemed correct unless **Triplens** receive a written notification of the errors or disputes within 3 days of presentation of the invoice/s.

**AUTHORIZED SIGNATORY**

**COMPANY STAMP**

**Name:** .....

**Designation:** .....

**Date** .....

**ATTACHMENTS (please attach the following along with the Credit Application)**

- 1. Copy of the trade license/commercial registration
- 2. Passport copy of the Local Sponsor and Partner's or Authorized Signature
- 3. Sketch of the exact location of the establishment.

<b><i>For Triplens Use only</i></b>		
<b>Action</b>	<b>Signature</b>	<b>Date</b>
Bank Reference Verified by		
Business Reference Verified by		
<b>Approved By</b>		
BDM/Sales/Contracting		
Financial Controller		
Managing Partner		
<b>Agreed Term:</b>		
<b>Credit Limit :</b>		