

Credit Application Form

To be filled by customer

Company Details							
Business Name							
Office Physical Address			1. Store Location				
			2. Store Location				
Telephone	Fax		Email				
Makani No.							
P.O. Box			Web Address				
Type of Activity							
Tax Reg No.							
Trade Licence No.			Validity	DD	MM	ΥY	
For Internal Use Only							
Date	Name of the sales person	Credit limit approved		Approved by			
					.	 	
Notes :-							

Tel: +9714 8806761, Fax: +9714 8806762

P.O Box: 61362, Jebel Ali Free Zone (South), Tel: +9714 8806761, Fax: +9714 8806762

Name of Directors/Partners/Proprietors					
		Designation		Nationality	
Name, Address and Contact de	etails of Local Sponsor				
Name					
Email					
Telephone			P.O Box		
Name of Other Group Compan	ies				
Name			Address		
Credit Limit Applied For					
Amount (AED)			Mode of Payment		
Name of the Companies from whom you enjoy Credt facilities		0			
Name of the Company		Credit Limit (AED)		Payment terms	

TEE DEE TRADING LLC

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Bank Information							
Name of the Bank		Branch		Account No.			
Authorized Signatory							
	Name of the Person			Signature			
Bank							
Purchase Order							
Delivery Note							
Undertaking by C	<u>customer</u>						
In consideration of your supplying goods on the above requested terms, I/We hereby undertake to settle all your payments on due date and as per the terms stipulated in the invoices submitted by Tee Dee Trading LLC and/or Tee Dee International FZE. In the event that we are in breach of the agreed payment terms we accept that Tee Dee Trading LLC and/or Tee Dee International FZE has the right to suspend supplies without prior notice and has the right to recover its outstandings in full on first demand.							
We hereby confirm that the Purchase Orders and the Cheques issued by us will be signed by our authorized representatives/signatories who are fully authorized to sign on behalf of my/our Company and the signature on our Purchase Orders and Cheques are to be accepted as the authorized representative/signatories.							
I/We undertake to inform of any change in the constitution of my/our business to your office immediately.							
Authorized Signato	ory	Date: /	/	Company Seal			

Kindly attach the following documents with the credit application

(i) Trade/Commercial License, (ii) Chamber of Commerce Registration, (iii) Passport copy of Authorized Signatories and Local Sponsor, (iv) TRN Certificate

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