

BUMGA FZCO

P.O.BOX. 261285, JEBEL ALI FREEZONE
DUBAI-U.A.E.
Tel : +971 4 8861412 Fax : +971 4 8861418
E-mail : bumgafzc@eim.ae



CREDIT APPLICATION (Only for Clients having complied Pre-Qualification)

1. Name & Address:

Tel No:.....Fax No :

2. Authorised Signatories for LPOs:

SI.No.	Full Name	Designation	Specimen Signature

3. Authorised Signatories for Cheques / Bank documents:

SI.No	Full Name	Designation	Signing Limit (AED)	Specimen Signature

4. Specific Project/s for which credit is sought:

SI.No	Name of Project with brief description	Owner/Client	Location	Approx. Value

5. Credit Limit sought (in AED):

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6. Credit Terms: LC / PDC / Open

7. Credit Days:

I/We hereby undertake to settle all your payments on the due dates, failing which I/We agree to pay interest @12% per annum on the outstanding amounts. I/We understand that the credit facility will be withdrawn immediately and without any notice upon failure to settle any pending amounts on the due dates.

Signature & Name of Authorised Signatory:

Designation: Company Seal:.....

Place:

Date:

Following documents are to be compulsorily attached:

1. Valid copy of the Power of Attorney issued to the Authorised Signatories.
2. Passport copies of all relevant Authorised signatories.

(For Office Use Only)

Name of Sales Personnel:

Remarks & Recommendations (please add extra sheets, as required):

.....
.....
.....

Evaluated By: On:.....

Approval status: YES / NO / On-hold

(strike-off as relevant)

Evaluator's comments:

.....
.....

Amount :		Days :	
Terms :		Customer Code :	

.....
(Name / signature / date)

.....
(Name / signature / date)

.....
(Name / signature / date)