

# CREDIT APPLICATION FORM

EMS:18:F:007

## A. CUSTOMER DETAILS

<b>A.1 Details of the Organization *</b>					
Name:					
Postal Address:					
City / Emirate:					
Office Tel. #		Fax #		E-mail:	
Web:					
Type of Company:		Date of Establishment:		Key Business Activity:	
LLC <input type="checkbox"/> <input type="checkbox"/> Others FZE <input type="checkbox"/> (please specify)				Turnover last 3 years:	
.....					
<b>Ownership</b>		<b>1.</b>		<b>2.</b>	
Name:					
Capital:					
Percentage:					

<b>Bank Details *</b>	<b>1.</b>	<b>2.</b>
Name:		
Branch:		
Address:		
Account No./ IBAN		
Type of Account.		

<b>A.2 Key Personnel / Authorized Representative / Signatories *</b>			
Department	Name in Full	Designation	Contact details (e-mail, Tel., Mobile)
Finance			
Procurement			
Others (please specify) .....			

## B. TRANSACTION CONFIRMATION

### B.1 Mode of Purchase \*

Mode of Authorization	
1. LPO	<input type="checkbox"/>
2. E-mail Approval	<input type="checkbox"/>
3. Others (please specify).....	<input type="checkbox"/>

### B.2 Authorized signatory for LPO / E-mail \*

Name	Designation	E-mail address

(\* Fields are mandatory to be filled)

**C.TERMS AND CONDITIONS**

**C.1 Credit facility request**

<b>Credit Limit (AED) *</b>	<b>Payment Term (days)</b>

Payment term is effective from the date of issued invoice.

**C.2 Customer Credit Reference**

1. Please provide name, telephone No and E-mail address of three organizations with whom you are dealing on credit terms at present and the credit limit

<b>1. Company Name</b>	
Address:	
Credit Limit (AED):	
<b>2. Company Name</b>	
Address:	
Credit Limit (AED):	
<b>3. Company Name</b>	
Address:	
Credit Limit (AED):	

**(\*) Fields are mandatory to be filled**

**C.3 Documents to be attached:**

- Commercial Registration Certification (Trade License)
- Passport copy of Owner & Authorized Signatory along with power of Attorney (if any)
- 6 month Bank Statement
- Auditors financial statement for last two years

**C.4 Declaration by Customer:**

I/ We certify that the above stated details are true and correct. I/We also hereby authorize Earth Middle East Shipping & Logistics to contact our bankers as mentioned above. I/We agree to settle invoices as per the payment term agreed by Earth Middle East Shipping & Logistics. In the case of any disputed invoices, the undisputed value will be settled according to the agreed terms set above and the dispute resolved within 14 days.

Any dispute will be governed by the law applicable in the Emirate of Abu Dhabi and jurisdiction will be that of the Abu Dhabi Courts.

**Name of Authorized Person:** \_\_\_\_\_

**Signature:**

**Designation in the Company:** \_\_\_\_\_

**Company Stamp**

**Earth Middle East Shipping & Logistics**

<b>Credit</b>	<b>Payment Term (days)</b>

**Authorized Signature.....**