

Credit Request Form

Name of Applicant (in English):			In Arabic:		
Address:			<u> </u>		
Nature of Business:			Date of Inc	corporation:	
Company Type:			No of Emp	loyees:	
Trade or Commercial L	icense No:		Amount of	Credit Applied:	
Paid up Capital:			Company	Website:	
Telephone No.:			Fax No.:		
Banker and Branch:			Account N	lo:	
Key personnel Name: Contact Tel No.: Account Payable:		Title: E-mail:			
Name: Contact Tel no.:		Title: E-mail:			
	SS CARCOLL C	E-man:			
 We hereby apply for a credit account with your company on the following terms and conditions: If we fail to pay as aforesaid, you can in your sole discretion charges interest on the amount outstanding from the date of your monthly statements at the rate of 2% per commenced month. You may in your sole discretion and without any prior notice to us close our credit account with you in which event we shall immediately pay you the balance then outstanding on our account. We agree to pay all legal costs and disbursements incurred by you in recovering amounts due by us on a full indemnity basis. You may in your sole discretion, ask us to provide security in any form including but not limited to guarantees from a third party as a condition of our opening a credit account with your company. 					
For and on behalf of the	Applicant				
Authorized Signatory Company Chop					
Name of Signatory: Title of Signatory :					
	For	MEC use Or	nly		
Recommended by:	Approved by:		edit Length:	Credit Limited:	
Name and date	Name and date				