



ASTRAL ACCESS LLC

Tel: Dubai: (971-4)4432633 Fax: (971-4)4432421

EMAIL : info@ astraluae.com

Web: www.astraluae.com

APPLICATION FOR CREDIT FACILITY

NAME OF THE APPLICANT: _____

P.O.BOX: _____

LOCATION: _____

TELEPHONE NUMBER: _____

EMAIL: _____

TYPE OF THE ORGANISATION

LLC PARTNERSHIP SOLE PROPRIETORSHIP

NATURE OF BUSINESS: _____

TRADE LICENCE NUMBER: _____

CAPITAL: _____

DATE OF ISSUE: _____ EXPIRY DATE: _____

NO	NAME OF INVESTORS/DIRECTORS	NATIONALITY	ADDRESS IN COUNTRY OF ORIGIN
1			
2			
3			

LOCAL SPONSOR: _____ TELEPHONE: _____

BANK DETAILS

NO	BANK NAME	BRANCH/EMIRATE	BANK A/C
1			
2			
3			

AUTHORISED SIGNATURE: _____

COMPANY STAMP: _____



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AUTHORISED SIGNATORIES

NAME & SIGNATURE OF PERSONS AUTHORISED TO SIGN PURCHASE ORDERS.

NO	NAME & PHONE	DESIGNATION	SIGNATURE
1			
2			

CHEQUE

NAME & SPECIMEN SIGNATURE OF PERSONS AUTHORISED TO SIGN CHEQUES

NO	NAME & PHONE	DESIGNATION	SIGNATURE
1			
2			

ACCOUNTS CONTACT

NAME & SPECIMEN SIGNATURE OF PERSONS TO BE CONTACTED IN ACCOUNTS FOR PAYMENT

NO	NAME & PHONE	DESIGNATION	SIGNATURE
1			
2			

TRADE REFERENCES

NO	COMPANY NAME	CONTACT PERSON	SIGNATURE
1			
2			
3			

PORPOSED MONTHLY PURCHASE IN AED: _____

REQUEST CREDIT FACILITY

AMOUNT: _____ DAYS: _____

DOCUMENTS TO BE SUBMITTED

- 1) COPY OF TRADE LICENSE, INDUSTRIAL LICENSE, CHAMBER OF COMMERCE SIGNATURE.
- 2) PASSPORT COPY OF LOCAL SPONSOR AND ABOVE AUTHORIZED SIGN.
- 3) SIX MONTHS BANK STATEMENT
- 4) GURANTEED DATED CHEQUE OF THE AMOUNT CREDIT LIMIT.
- 5) LEAVING FILLED BLANK WILL CAUSE IN DELAY IN PROCESSING YOUR ACCOUNT

AUTHORISED SIGNATURE AND COMPANY STAMP: _____



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DECLARATION BY CREDIT APPLICATION

I/We hereby agree that the conditions of payment are strictly net payable within the credit terms (days) agreed by Astral Access General Trading LLC

I/ We agree that the failure to settle outstanding invoices with the agreed credit terms in days will result in all outstanding debts becoming immediately payable and credit facilities being withdrawn forthwith

I/We all authorize you to take up any reference which may be considered necessary

I/We agree that Dubai court will be the voluntary arbitrator in case of any confusion or misunderstanding arising because of any commercial business with Astral Access General Trading LLC , Dubai

I/ We agree that this agreement shall be signed by those persons who will be signatories to any cheque issued for payment in respect of purchase from Astral Access General Trading LLC and each such signature shall be authenticated by the imprint of the company seal.

I/ We agree to ensure that the payment terms are mentioned on all LPOs.

I/ We declare that the above information is correct and guarantee to settle the amounts outstanding as per the terms and conditions on which the credit facility will be granted to us.

In the event that the amount outstanding due to Astral Access General Trading LLC reaches the credit limit agreed in writing by Astral Access General Trading LLC, I We shall immediately make payments to bring the amount below the authorized credit limit.

I/ We hereby grant to Astral Access General Trading LLC a continuing lien on all of my / our property that may be. or come to be, in the possession of Astral Access General Trading LLC as security for the payment of any and all of my / our obligations and liabilities to Astral Access General Trading LLC

I/ We have read and understood Astral Access General Trading LLC general terms and conditions of sales

SIGNATURE _____ TITLE/ DESIGNATION _____

SIGNATURE _____ TITLE/ DESIGNATION _____

SIGNATURE _____ TITLE/ DESIGNATION _____



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To be completed by Astral Access General Trading LLC and faxed to customer

SALES

Customer Details:

Type:

History:

Signature of Sales Manager:

Recommendation to Sales Director:

Credit Amount:

Payment Terms:

Approved By:

Signature of Sales Director:

Signature of General Manager:

Signature of Managing Director:

ACCOUNTS DEPARTMENT

Customer Name:

Customer Code:

Credit Amount:

Payment Terms:

Date:

Credit Controller Signature:
