

MASTERFUL HOTELS ACCESSORIES TRADING L.L.C

P.O BOX: 98067

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FAX: 06-5547726

Email: sales@masterfullc.com

Website: www.masterfullc.com

CREDIT FACILITY AGREEMENT

COMPANY PROFILE

Company's Name : _____

Address : _____

Communication Details : Telephone : _____
Facsimile : _____

Electronic Communications : Email : _____
Website : _____

Nature of Business : _____

Trade License No. : _____ Validity : _____

Company under sponsorship of : _____

Owners : _____

Banker's details

Name : _____

A/c No : _____

Branch : _____

Contact No. : _____

Key Account Manager Details

Name : _____

E Mail : _____

Contact No. : _____

Auditors

Name : _____

Address : _____

Contact No. : _____

Trade References (Suppliers who offer credit)

Name : _____

Contact No. : _____

Name : _____

Contact No. : _____

Total estimated credit billing per month AED: _____

Credit period sought Days: _____

I/we, the undersigned, undertake guarantee to pay invoices raised against _____

as per agreed credit terms. In case of non-payment within credit period the total outstanding will become payable on demand with suspension o credit facility.

Authorized Signatories

Name	Designation	Signature
_____	_____	_____
_____	_____	_____

Company Stamp

The following documents to be enclosed with the application

1. Copies of Trade License
2. Commercial Registration
3. Passport copies of local sponsor & owners

Approval of Credit-For Official Use

Sales Manager : _____ *Recommended / Rejected* *Signature & Date*

General Manager : _____

Finance Manager Credit Limit _____ Credit Period _____

Authorized by

Chairman/Managing Director : _____