



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Sr. No. _____ (For Hanifa Engineering Est.) Date: _____

APPLICANT BUSINESS CONTACT INFORMATION

Name of Owner (Expat): _____ Name of Local Sponsor: _____

Company name: _____

Phone: _____ Fax: _____ Mob: _____ E-mail: _____

Registered company address: _____

Area: _____ Emirate: _____ P.O.Box: _____

Date business commenced: _____

Sole proprietorship: _____ Partnership: _____ Corporation: _____ Other (Specify): _____

APPLICANT BUSINESS AND ACCOUNT INFORMATION

Primary business address: _____

City: _____ Emirate: _____ P.O.Box: _____

How long at current address? _____

Telephone: _____ Ext: _____ Fax: _____ E-mail: _____

Bank name: _____

Bank address: _____ Phone: _____

City: _____ Emirate: _____ P.O.Box: _____

Type of account: _____ Account Number: _____

Savings _____ Copies of following items are required: Passport copy of partner + Local sponsor + Nationality card, Trade license copy, Trade Registration copy and Chamber of Commerce copy.

Cheque _____ Expat Offshore Address: _____

Other _____ Country: _____ Offshore Tel: _____ Offshore Mob: _____

BUSINESS/TRADE REFERENCES FROM OTHER SUPPLIERS

1. Company name: _____

Address: _____

City: _____ Emirate: _____ P.O.Box: _____

Phone: _____ Fax: _____ Mob: _____ E-mail: _____

Credit Limit in AED: _____ No. of Days Credit: _____

2. Company name: _____

Address: _____

City: _____ Emirate: _____ P.O.Box: _____

Phone: _____ Fax: _____ Mob: _____ E-mail: _____

Credit Limit in AED: _____ No. of Days Credit: _____

3. Company name: _____

Address: _____

City: _____ Emirate: _____ P.O.Box: _____

Phone: _____ Fax: _____ Mob: _____ E-mail: _____

Credit Limit in AED: _____ No. of Days Credit: _____

4. Company name: _____

Address: _____

City: _____ Emirate: _____ P.O.Box: _____

Phone: _____ Fax: _____ Mob: _____ E-mail: _____

Credit Limit in AED: _____ No. of Days Credit: _____

5. Company name: _____

Address: _____

City: _____ Emirate: _____ P.O.Box: _____

Phone: _____ Fax: _____ Mob: _____ E-mail: _____

Credit Limit in AED: _____ No. of Days Credit: _____

AGREEMENT

1. All invoices are to be paid on the number of days approved below from the date of the invoice.
2. **I** (The Applicant) certify that all of the above information is true and all of the required documents are attached with this application.
3. By submitting this application, you authorize **Hanifa Engineering Est.** to make inquiries into the banking and business/trade references that you have supplied.

FOR HANIFA ENGINEERING EST. OFFICIAL USE ONLY

Total Credit Limit Approved in AED: _____

No. of Days Credit Approved: _____

Payment Method: _____

SIGNATURES WITH COMPANY STAMP**For** Hanifa Engineering Est.:

Title:

Date:

For Applicant:

Title:

Date:



Office Tel: 00971-6-5633020, Fax: 00971-6-5633021
Factory Tel: 00971-6-5351790, Fax: 00971-6-5391791
P.O. Box: 97893, Sharjah - U.A.E.
E-mail: haneefa.group@yahoo.com

مكتب هاتف: ٠٠٩٧١-٦-٥٦٣٣٠٢٠ فاكس: ٠٠٩٧١-٦-٥٦٣٣٠٢١
مصنع هاتف: ٠٠٩٧١-٦-٥٣٥١٧٩٠ فاكس: ٠٠٩٧١-٦-٥٣٥١٧٩١
ص.ب: ٩٧٨٩٣ الشارقة - إ.ع.م.
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