

## CREDIT APPLICATION FORM FOR CREDIT FACILITY

Name of the Company ( Partnership / Private Limited Liability Co. / Others )		
Registration Number and Date		
Address	Personal Address of Managing Director/ Managing Partner / Proprietor	
Telephone Number (s)	Telephone Number (s)	
Fax Number (s)	Fax Number (s)	
E-Mail Address:	E-Mail Address:	
Account Number (s)	Bank	Branch
VAT NO.		
Credit limit required :	Credit period requested:	
Bank Guarantee Arranged for Rs.:	BG Expiry date:	
Name & Designation of official to be contacted for payment		
Name : ..... Designation:.....		
<p>Enclose herewith,</p> <ol style="list-style-type: none"> <li>1. Copy of company registration certificate</li> <li>2. List of Directors / Partners</li> <li>3. Original Bank Guarantee</li> <li>4. Local Letter of credit</li> </ol> <p>I / we here by certify that the information furnished is true and correct and settlement of account will be done with in credit limit and time allowed by GRAPHIC SYSTEMS (PVT) LTD duly communicated to us.</p>		
..... Date	..... Applicant's Signature & Rubber Stamp	..... Designation
<b>For Office Use</b>		
Credit limit approved	Rs.:.....	
Credit Term	:.....	.....
	Approved By	Date