

CREDIT APPLICATION FORM

General Information

Company Name: _____	
Address (Head Office): _____	
Year of Establishment: _____	No. of Employees: _____
Telephone: _____	Fax: _____
E-mail: _____	Website: _____

Registration Details

Legal Status	<input type="checkbox"/> Establishment	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Nature of Business: _____	Date of Registration: _____				
Trade Licence No.: _____	Issue Date: _____	Expiry Date: _____			
Chamber of Commerce: _____	Issue Date: _____	Expiry Date: _____			

Proprietors/Partners

Name of Proprietors/ Partners	Nationality	% Ownership	Position Held	Office No.
As on Date: _____				

Local Sponsor

Name: _____
Address: _____
Tel No.: _____ Fax: _____

Joint Venture (if applicable)

Name of the Joint Venture Company: _____
Address: _____

Related Companies

	Company Name	Address	Line of Business	% Shares
A	Parent			
B	Subsidiaries			
	1			
	2			
	3			

Auditors

Name: _____
Address: _____

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ISO Certificates

Number	Start Date	Expiry Date

Legal Matters

1. Have you or your partners/ Shareholders/ Directors ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when: _____	
2. Is your company subject to any legal proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: _____	

Bank References

1.	Bank Name: _____	Tel: _____
	Address: _____	Fax: _____
	Relationship Mgr.: _____	Office No.: _____
	Bank Accounts: <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Other, Specify _____	Email: _____
2.	Bank Name: _____	Tel: _____
	Address: _____	Fax: _____
	Relationship Mgr.: _____	Office No.: _____
	Bank Accounts: <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Other, Specify _____	Email: _____

Major Supplier References (Services and Materials)

1.	Company Name: _____	Tel: _____
	Address: _____	Fax: _____
	Contact Name: _____	E-mail: _____
	Designation: _____	Office No.: _____
	Credit Period: <input type="checkbox"/> 0 <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 days Terms: <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> LC	Credit Limit: AED _____
2.	Company Name: _____	Tel: _____
	Address: _____	Fax: _____
	Contact Name: _____	E-mail: _____
	Designation: _____	Office No.: _____
	Credit Period: <input type="checkbox"/> 0 <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 days Terms: <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> LC	Credit Limit: AED _____

List of On-going Projects

Client Name	Project	Developer	% Complete	Finish Date
1				
2				
3				
4				
Total				

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Authorized Signatories to sign LPO

Full Name	Designation	Specimen Signature	Email Address
1			
2			

Authorized Signatories Cheques/ Bill of Exchange/ Other Bank Documents

Full Name	Designation	Specimen Signature	Email Address
1			
2			

Key Contact Persons for Payments Process

Full Name	Designation	Office No.	Email Address
1			
2			

Details of your Credit Requirement from ACCESS HIRE MIDDLE EAST

Services Required:	Value	Credit Terms	Job Duration
<input type="checkbox"/> Equipment Rental <input type="checkbox"/> Equipment Sales <input type="checkbox"/> Others Specify: _____	_____	<input type="checkbox"/> 0 days	_____
	_____	<input type="checkbox"/> 30 days	_____
	_____	<input type="checkbox"/> 60 days	_____
	_____	<input type="checkbox"/> 90 days	_____
	_____	<input type="checkbox"/> 0 days	_____
	_____	<input type="checkbox"/> 30 days	_____
	_____	<input type="checkbox"/> 60 days	_____
	_____	<input type="checkbox"/> 90 days	_____
	_____	_____	<input type="checkbox"/> 0 days
_____	_____	<input type="checkbox"/> 30 days	_____
_____	_____	<input type="checkbox"/> 60 days	_____
_____	_____	<input type="checkbox"/> 90 days	_____

Please Attach the Following Documents:

1 Copy of Trade License 2 Copy of Chamber of Commerce Certificate
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