

<b>Name of Company</b>		<b>Telephone No.</b>		
<b>Type of Company</b>				
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Local <input type="checkbox"/> FZE/FZC <input type="checkbox"/> Foreign <input type="checkbox"/> Joint Venture				
<b>Postal Address</b>		<b>Fax Number</b>		
<b>Office Location</b>				
<b>Email</b>		<b>Registration / License No</b>		
<b>Web</b>		<b>Sales Turnover (AED)</b>		
<b>Year Established</b>		<b>Number of Employees</b>		
<b>Owners/Partners Directors</b>	<b>Name</b>	<b>Designation</b>	<b>Nationality</b>	
<b>Local Sponsor (If Any)</b>	<b>Name</b>	<b>Address</b>		
<b>Associate Companies</b>	<b>Name</b>	<b>Address</b>		
<b>Companies Giving Credit</b>	<b>Name</b>	<b>Credit Limit (AED)</b>	<b>Payment Terms</b>	
<b>Credit Required</b>	<b>Credit Value (AED)</b>	<b>Credit Period</b>	<b>Credit Mode</b>	
<b>Bank Details</b>	<b>Name</b>	<b>Branch</b>	<b>Account Number</b>	
<b>Department</b>	<b>Contact Person</b>	<b>Designation</b>	<b>Telephone No. &amp; Extension</b>	
<b>Purchase</b>				
<b>Accounts Payable</b>				
<b>Material Controller</b>				
<b>Persons Authorized To Sign Purchase Orders</b>	<b>Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Singly / Jointly</b>
<b>Persons Authorized To Sign With Banks</b>				

We / I hereby apply for a Credit Limit and agree to pay to the terms of my account and being a Director / Directors of the applicant company, jointly and severally guarantee performance of all the Company's financial obligations to Age Intrade L.L.C. We also acknowledge and accept your terms and conditions of sale.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Company Stamp

Kindly attach following documents with credit application form:

<input type="checkbox"/> Trade License Copy	<input type="checkbox"/> Chamber of Commerce	<input type="checkbox"/> Owners Passport Copies	<input type="checkbox"/> Last Audited Financials
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