



أيه جي ني ستيل لميتد
AGE STEEL LIMITED

CREDIT APPLICATION FORM

P.O. Box 5762, Dubai
United Arab Emirates
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Fax : +971 4 4420468
agesteel@age.ae

Name of Company		Telephone No.		
Type of Company				
<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				
Postal Address		Fax Number		
Office Location				
Email		Registration / License No		
Web		Sales Turnover (AED)		
Year Established		Number of Employees		
Owners/Partners Directors	Name	Designation	Nationality	
Local Sponsor (If Any)	Name	Address		
Associate Companies	Name	Address		
Companies Giving Credit	Name	Credit Limit (AED)	Payment Terms	
Credit Required	Credit Value (AED)	Credit Period	Credit Mode	
Bank Details	Name	Branch	Account Number	
Department	Contact Person	Designation	Telephone No. & Extension	
Purchase				
Accounts Payable				
Material Controller				
Persons Authorized To Sign Purchase Orders	Name	Designation	Signature	Singly / Jointly
Persons Authorized To Sign With Banks				

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 Steel. 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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