

APPLICATION FOR CREDIT FACILITIES

1. NAME OF THE COMPANY: ..........................................................................................................................................
2. NATURE OF BUSINESS ACTVITY..................................................................................................................................
3. POSTAL ADDRESS: ....................................................................................................………………………………................

TEL NO.: .................................. FAX NO.: ................................. E-MAIL ……………………………………………......................

NAME OF BANKER, A/C NO., ADDRESS AND TEL. NO. (IN UAE): ...................................................................................

1)........................................................................................................................................…….................................

1. NAME OF CHIEF EXECUTIVE OFFICER/PARTNER...........................................................................................................

(Attach passport copy).

1. EXPECTED TRANSACTIONS DURING THE YEAR: …………………………………………………………….............................................
2. CREDIT FACILITY (LIMIT REQUIRED): USD...........................................................……..................................................
3. CREDIT PERIOD REQUIRED: ……………………...........................................................…….................................................
4. MOMENT FROM WHICH CREDIT STARTS TO COUNT: Invoice date \* ATD \* ATA \* Waybill date \*
5. NAME COMPANIES WHO PROVIDE YOU CREDIT FACILITIES:

|  |  |  |  |
| --- | --- | --- | --- |
| NO. | COMPANY | CONTACT PERSON | TEL. NO. |
| 1 |  |  |  |
| 2 |  |  |  |

1. NAME, ADDRESS & CONTACT NO. RES., OFF., MOBILE OF SPONSORS IN THE UAE:

(Attach an authorization letter from sponsor for credit facility)

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Authorized Signature & Seal of the Company

Note:

Please attach copies of Trade License, Commercial Registration License, Chamber of Commerce Registration Certificate and previous 3 years financials, passport copies of all partners (including local sponsor), wherever applicable.

1. All credit Customers are required to submit their audited financials within 120 days of financial year end. Non compliance could lead to suspension of credit facilities.
2. DP World Logistics FZE reserves right to charge interest on all overdue invoices at the rates specified in the tariff.
3. Any approved Credit facility will be reviewed by DP World Logistics FZE on an annual basis based on past track record of transaction and payments.
4. DP World Logistics FZE reserves the right to withdraw credit facility at any time at its sole discretion.
5. Completed Forms can be submitted at DP World Logistics FZE, Container Freight Station, Gate 2, JAFZA, Dubai (Sun-Thu 8:00 am - 4.00 pm). Incomplete forms will be rejected outright.

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 For DP World Logistics FZE use only

Credit Check: Y \* N \* Payment Terms: Cash \* Credit \*

If credit- credit limit: USD………………………………...........................................................................

Security: Bank GTEE \* CASH \*

Security Amount: USD ………….........................................................................................................

|  |
| --- |
| Comments: |

Approved by Finance Department: Approved by Commercial Department:

Signature Signature

Name Name

Date Date