

Name of Company		Telephone Number	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> JV <input type="checkbox"/> FZE/FZC <input type="checkbox"/> Foreign <input type="checkbox"/> Others _____			
Type of Company		Fax Number	
Bill to Address			
Postal Address			
Email	Registration / License/CR No		
Website	Annual Turnover (USD.)		
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	Payment Terms
Credit Required*	Credit Value	Currency	Credit Period
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
Persons Authorized to Sign with Banks			

I/We Certify that the above information is true and correct. I / We agree to pay this account in accordance with the credit terms established above. I/We authorize AGE STEEL LIMITED to verify this information and/or obtain additional information by securing data from a credit agency. Furthermore, the recipient hereby agrees that the goods are for resale, with or without processing, and will not be consumed.

Auth. Name: _____

Date: _____

Auth.Signatory: _____

CompanyStamp

Kindly attach following documents with credit application form:

☐ CR/License Copy ☐ Chamber of Commerce ☐ VAT/Tax Certificate ☐ PP Copies of Auth.

**Filling this form does not guarantee the credit facility. Credit approval subject to relevant business checks and sole discretion of AGE STEEL Ltd.*

For AGE STEEL use only -----

Approved Credit Limit:

Approved Credit Mode:

Approval Date:

Approved by