

**A.A.A. SERVICE CENTER**  
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**APPLICATION FOR CREDIT FACILITY**

NAME OF THE COMPANY :	
POSTAL ADDRESS :	
TELEPHONE NO. 1	
EMAIL & WEBSITE	

LOCATION OF THE COMPANY \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NATURE OF BUSINESS

NAME OF THE PROPRIETOR/PARTNER

WHICH GROUP OF COMPANIES YOU BELONG TO ASSOCIATED COMPANIES, IF ANY

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

NAME OF THE BANKER'S (WITH ACCOUNT NO. AND FULL ADDRESS)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MAXIMUM CREDIT FACILITY REQUIRED  AED

2 CREDIT REFERENCE WITH THEIR ADDRESS AND CONTACT DETAILS

1	2

NAME, DESIGNATION AND SPECIMEN SIGNATURE OF PERSONNEL AUTHORIZED TO SIGN THE CHEQUES ON YOUR COMPANY'S BEHALF.

<u>NAME</u>	<u>DESIGNATION</u>	<u>SIGNATURE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



