

On Letterhead of Customer

CREDIT ACCOUNT APPLICATION FORM (CAAF)

NAME of Applicant in English		Website
NAME of Applicant in Local Language:		E-mail Address
Address of Main/Registered Office		Telephone no. & Facsimile No. /
Nature of Business	IEC No	Our Salesperson In Charge
Company Type <input type="checkbox"/> Listed Company <input type="checkbox"/> Limited / Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Others (please specify):		No. of Employees
PAN No. <small>(Pls. provide Copy for PAN card)</small>	GST Registration No. <small>(Pls. provide Copy for GST registration)</small>	Credit Terms Applied days
Paid up Capital	Date of Incorporation	Amount of Credit Applied
Banker	Branch	Account No.
Key Personnel		
<small>NAME</small>	<small>POSITION</small>	<small>SIGNATURE</small>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
<u>DECLARATION</u>		
To: On Time International Logistics Private Limited		
We hereby apply for a credit account with your company on the following terms and conditions:		
1/ We shall pay within stipulated credit terms and time is of the essence in this respect.		
2/ In case the amount of credit has exceeded the limit granted, we agree to immediately settle the excessive amount regardless the outstanding amount is due or not.		
3/ You may in your sole discretion and without any prior notice to us close our credit account with you in which event we shall immediately pay you the balance then outstanding on our account.		
4/ We acknowledge and accept that all transactions will be handled in accordance with your standard trading terms and conditions.		
5/ We certify that the information provided on this application is true and correct.		
6/ Validity of Credit Application is for One Year		
7/ Terms and condition as mentioned on Invoice will be applicable		
Dated: the day of Year		For and on behalf of the Applicant

		Authorised Signatory with Co. Chop
		Name of Signatory: _____

Supplementary Information for Branches

Branch 1 Address	Telephone no. & Facsimile No. /
Branch 2 Address	Telephone no. & Facsimile No. /

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OTIL Internal Use Only				
On Time Entity :				
Salesperson/ Person In Charge :		CMC Code:		Business Relationship with OTIL : Years
Projected Monthly Turnover :				Type of Customer : (Agents/Co-loader/Customer)
Projected Gross Profit:				Type of Business :
Current Credit Limit:				Current Credit Terms:
Proposed Credit Limit:				Proposed Credit Terms:
Sales/ Person In Charge Assessment :				
Finance/ Credit Control Data				
Average Monthly Turnover:			Average Settlement Days:	
Contract with Customer	Yes / No	Contract Validity:		
Finance/ Credit Control Assessment :				
Management Commentary :				
Sales/ Person In Charge	Chief Products Officer(CPO)/Station Manager	Local Finance/Credit Control	Country Manager/Director	
Signature Date:	Signature Date:	Signature Date:	Signature Date	
Regional Director	Corp. Finance	CEO/CFO		
Signature Date:	Signature Date:	Signature Date:		