## APPLICATION FOR CREDIT FACILITY

We would like to request you to maintain Credit Facility Account with your Company for the purchase of products / items supplied by you. The following are our Company details:

Name of the Company: $\qquad$
Location: $\qquad$
Mailing Address: $\qquad$
Fax No.: $\qquad$
Address of Owner / Partner (s):
Nature of Business: $\qquad$
Amount of Credit Limit required $\qquad$ Credit Period required: $\qquad$
What will be the expected annual: $\qquad$
Values of your purchase from us: $\qquad$
Name of the Bank (s): $\qquad$
A/C No. (S): $\qquad$
Tel No.: $\qquad$ Fax No.: $\qquad$
Name \& Designation of Person Holding highest Authority.
Name: $\qquad$ Designation: $\qquad$
Name of Accounts / Finance Manager or person responsible for Payments
Name: $\qquad$ Designation: $\qquad$
Authorized person (s) Signing the P.O.: Name: $\qquad$ Designation: $\qquad$
Signature (s): $\qquad$
In case of cancellation or change of above signing authorities, official written notification should be delivered to us.
I/ we undertake to pay all the amount due to Business Bag Co., towards our purchase on or before due date.

NAME \& Designation: $\qquad$
Signature: $\qquad$

VAT \# 311420241800003 |

# طلب الحصول تسهيل ائتماني 

نود أنْ نطلب فتح حساب تسههيل ائتماني مـع شركتكـمم لشراء المنتجات / الاصناف التي قمتمم بتوريدها. فيما يليبيانات شركتنا:


في حالة إلغاء أو تغيير سلطات التوقيع أعلاه، يجب تسليمז إخطار رسمي مكتوب إلينا.
أتعهد / نتعهدبدفع جميع المبالغ المستحقة لشركةحقيبة الاعمال التجارية مقابل مشترياتنا في أو قبل تاريخ الاستحقاق.
$\qquad$ الاسمrوالمنصب:
$\qquad$ التوقيع:
VAT \# 311420241800003 |

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