

Name of the Company (Legal Name)	
Business Address:	
Names Of Owner/ Partners:	
1).....	
2).....	
3).....	
4).....	
Website:	Email:
Telephone No.	Fax No.
Nature of Business	Date of Est.
Contact for Payment (Name)	Credit Amount Required P.M (AED)
Bankers	1) Name : Branch:
	A/c No. Tel No. Contact No.
	2) Name : Branch:
	A/c No. Tel No. Contact No.
Trade References (give full address)	1) Name : Address:
	2) Name Address:
Trade License No.	No. of Staff

Authorized Persons

Position	Name	Signature
Cheque signing authority		
LPO issuing authority		
Goods receiving authority		

Undertaking by Applicant

In consideration of credit trading terms being granted by Dinco Trading Company, I/We agree to settle your account promptly on presentation of invoices, within 30 days from the date of the invoice. Copy of our trade Licence is enclosed herewith.

Signature _____
Name _____
Designation _____
Date _____

Company Stamp

Note: Please attach the trade license copy, current passport copy of all partners with valid visa pages. All fields above and the requested documents are mandatory. Incomplete applications will not be considered. Kindly fill in the form and fax it to us on 06-5434453 or email: sales@dinco.ae

For Office Use Only**Approved:**

- 1) General Manager - F&I
- 2) G.M./Exec. G.M.
- 3) Director

TEMPORARY APPROVAL	DATE	FINAL APPROVAL	DATE

Credit Limit AED _____

Account No. _____

Credit Terms Normal Post Dated Cheque L/C