



CMS Printing Press LLC | PO Box 79136, Ras Al Khor, Dubai, U.A.E. | Tel: +971 4 3202939 | Fax: +971 4 3205939
email: printingpress@cmsdubai.ae | www.cmsdubai.ae

CREDIT ACCOUNT APPLICATION FORM

Company Name:

Telephone No: Fax No:

Business Location(s):

Main Business Activities:

Municipality Registration No: Commercial License No:

Key Personnel of the Organisation:

Name(s) of the Local Proprietor:

Name(s) of the Expatriate Partner(s):

Name of the Chief Accountant:

Name of the Chief Purchasing Officer:

Expected Monthly Purchase **Dhs.**

Authorised Signatories:

Name:

Name:

Position:

Position:

Designation:

Designation:

References:

Bankers:

Name of the Bank:

Name of the Bank:

Account No:

Account No:

Bank PO Box:

Bank PO Box:

Location:

Location:

Bank Telephone No:

Bank Telephone No:

Suppliers:

Name of the Supplier:

Name of the Supplier:

Supplier's PO Box:

Supplier's PO Box:

Location:

Location:

Contact Telephone No

Contact Telephone No

Contact Person:

Contact Person:

Designation:

Designation:

Undertaking by Applicant

In consideration of Credit Account being granted by CMS Group of Companies

I/We agree to settle this account promptly on presentation of invoices.
I/We also agree that Dubai Court shall have the exclusive jurisdiction to observe or decide in any dispute to the said debit.

Signed

Name

Position

Attachments: Please attach copies of the following documents.

- 1. Passport Copies of all Partners
- 2. Trade License Copy
- 3. Passport Copies of Cheque Signatories where they are different from the Partners.

FOR INTERNAL USE ONLY

Credit Facility Recommended by:

Credit Facility Approved by:

Terms & Conditions: