

## Credit Facilities Application Form



**EMITAC DISTRIBUTION LLC**  
 P.O.Box 8391, DUBAI, UNITED ARAB EMIRATES  
 TEL.:+971-4-2823777 FAX: +971-4-2826329  
 Email:emcom\_dxb@emitac.co.ae Web: www.emitac.co.ae

**Please Complete this Application Form and Fax to: +971 4 2826329**

<b>Company Information</b>	Company Name				
	Company Address				
	P.O.Box / City / Country		P.O.Box	City	Country
	Location				
	Trade License / Commercial Reg. No.		(Please attach a copy)		
	Date of Issue		Date of Expiry		
	Main Telephone Number		Main Fax Number		
	Email Address		Web Address		
<b>Sponsor / Proprietor / Partner Details</b>	Name of Sponsor				
	Sponsor Address				
	P.O.Box / City / Country		P.O.Box	City	Country
	Occupation				
	<u>Proprietor/Partner</u>		<u>Name</u>		<u>Nationality</u>
	(1)				
(2)					
(3)					
<i>(Please attach Passport photocopies)</i>					
<b>Cheque Signatories</b>	Name of Authorised Signatory 1		Nationality	Specimen Signature	
	Name of Authorised Signatory 2		Nationality	Specimen Signature	
	Name of Authorised Signatory 3		Nationality	Specimen Signature	
	<i>(Please attach Power of Attorney where required)</i>				
<b>Purchasing / Accounts Contacts</b>	Purchasing Contact Name				Specimen Signature
	Title		Email Address		
	Limit per LPO if applicable				
	Telephone Number		Fax Number		
	Accounts Contact Name				
	Title		Email Address		
	Telephone Number		Fax Number		
	Invoice Address				
P.O.Box / City / Country		P.O.Box	City	Country	
<b>Business References</b>	Company Name				
	Company Address				
	P.O.Box / City / Country		P.O.Box	City	Country
	Telephone Number		Fax Number		
	Email Address		Web Address		
	Company Name				
	Company Address				
	P.O.Box / City / Country		P.O.Box	City	Country
	Telephone Number		Fax Number		
	Email Address		Web Address		
	Company Name				
	Company Address				
	P.O.Box / City / Country		P.O.Box	City	Country
	Telephone Number		Fax Number		
	Email Address		Web Address		

business partner



