



مستودع السلامة للأدوية ذ.م.م. Al Salama Drug Store L.L.C.

TO,

OUR VALUED CUSTOMERS

UNITED ARAB EMIRATES.

SUB:- ACCOUNT OPENING AND UPDATES FORMS.

Respected Customers,

We are sending you our company Forms in a separated attachments kindly fill the forms and send us back with relevant documents mentioned in our forms before 30.11.2016 to avoid any inconvenience.

Our email id is alsalamadrugstoreuae@gmail.com.

Our website is www.alsalamadrug.com.

We look forward for your continuous support in future and we assure you our best services all the time.

Thanks and regards

SUJITH RAJ

CUSTOMER SERVICE DEPARTMENT

AL SALAMA DRUG STORE LLC





مستودع السلامة لأدوية ذ.م.م.
AL SALAMA DRUG STORE L.L.C.

Mob.: 055-4294872, Mob.: 050-2477487, Fax: 06-5333653

P.O.Box: 12930, Ajman - UAE

E-mail: alsalamadrugstoreuae@gmail.com

Website: www.alsalamadrug.com

طلب للتعامل على الحساب
CREDIT APPLICATION FORM

Customer Name: _____ إسم العميل:

Customer Number: _____ رقم العميل:

Customer Class: _____ درجة العميل/الفئة:

AL SALAMA DRUG STORE L.L.C.

APPLICATION FOR CREDIT FACILITIES

Client Ref. No.

1. Full Name of Company / Business:
2. Full Name of Proprietor / Partner:
3. Nationality: 4. Passport No.:
5. Full Name of Local Sponsor / Partner:
6. Trade License No.:
7. Chamber of Commerce Registration No.:
8. Location:
9. Postal Address – P.O.Box No.: Emirate:
- Tel.: Fax:
10. Bank Account Details:

BANKERS	BRANCH	BOX NO.	A/C NO.	DATE A/C OPENED
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11. Persons Authorized to sign on behalf of Company on Cheques.

Name **Specimen Sign & Company Stamp**

- A.
- B.
- C.

12. Credit Limit Requested: Dhs.

13. Name & Address of two establishments whom. We deal with & who will furnish references

1.
2.

14. Authorized person's to sign the purchase orders (Attached copy of Authority from Authorized Person)

Name: Signature:

Name: Signature:

Name: Signature:

Conditions of Sale:

- A. All goods must be counted on delivery and delivery note/copy of invoice must be signed, Al Salama Drug Stores L.L.C. will not be responsible after delivery for any discrepancies or damage to products.
- B. Payment of invoices must be made as per credit terms agreed by Al Salama Drug Stores L.L.C.
- C. Signature of applicant will signify that he has accepted the credit period and credit limit set by Al Salama Drug Stores L.L.C.

We undertake to settle your invoices as per credit terms. In the event that payment is not made by the due date, we agree that Al Salama Drug Stores L.L.C. has the right to take back goods supplied and/or proceed with any necessary legal actions to recover money and/or charge all the legal expenses from customer/medical centre/hospitals.

Date: Sign of Local Owner: Date:

Sign of Manager: Date:

Note:

Please enclose with the Application:

- 1. Photocopy of Trade License.
- 2. Passport copy of Local Owner.
- 3. Passport copy/ID copy of the Authorized Signatory/Manager who sign on behalf of the Company.
- 4. Undated cheques required under the name of Al Salama Drug Stores L.L.C.

(FOR OFFICIAL USE ONLY)

Credit Limit Dirhams: Credit Period: Days

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Sales Dept.

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Approved by

.....
Finance Dept.