

DEFERRED PAYMENT REQUEST FORM

Application Date _____

COMPANY INFORMATION

Commercial Name _____
 Office Address _____ City _____ Country _____
 PO Box _____ Phone Number _____
 Email Address _____ Website _____
 Type of Business Sole Proprietor/Professional Freezone Limited Liability Government Entity
 Trade License Number _____ Trade License Expiry Date: _____
 Tax Registration Number _____
 Customer Type Operator/End-User Retailer/Reseller
 System Integrator/Contractor Other (Please specify): _____
 Main Contact Person
 Name _____ Designation _____
 Direct Phone Number _____ Email Address _____
 Accounts In Charge (Leave blank if same as above)
 Name _____ Designation _____
 Direct Phone Number _____ Email Address _____
 Annual Turnover (AED) 0 - 5 Million 30 - 50 Million
 5 - 15 Million 50 - 100 Million
 15 - 30 Million Above 100 Million
 Authorised Signature _____ Company Stamp _____
 Date _____

REQUESTED PAYMENT TERMS

75% Advance - 25% Upon Delivery PDC in Advance
 50% Advance - 50% Upon Delivery PDC upon Delivery
 Other: ___ % Advance - ___ % Upon Delivery ___ Days Credit
 CDC upon Delivery (Order Cancellation not Applicable) Required Credit Limit (AED) _____

TRADE REFERENCES (3 Existing Vendors with Credit Facility)

Company Name 1 _____	Company Name 2 _____	Company Name 3 _____
Contact Person _____	Contact Person _____	Contact Person _____
Phone Number _____	Phone Number _____	Phone Number _____
Email Address _____	Email Address _____	Email Address _____
Credit Limit _____	Credit Limit _____	Credit Limit _____

FOR OFFICIAL USE ONLY

Customer ID _____
 No. of Previous Orders _____
 Total Order Value (AED) _____
 Prior Payment Terms _____
 Approved Credit Limit/Terms _____
 Approved by
 Accounts Manager _____
 Managing Director _____

