


<b>APPLICATION FOR CREDIT FACILITY FORM</b>			
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### Application for Credit Facility

Nature of business ( shipping agency / consignee / exporter etc)					
Company name as per commercial registration					
Port user registration code and number					
Estimated monthly invoicing for port services		RO			
Name and address of banker					
Method of payment ( please tick as appropriate)	Cheque	<input type="checkbox"/>	Bank transfer	<input type="checkbox"/>	Card payment
Date of commencement credit facility					

Attached following:

- (i) Commercial Registration
- (ii) Specimen Signatories

I/We confirm that, we shall pay each invoice raised against the port services provided to us within the permitted credit limit and the period, to the bank account nominated by ASYAD PORTS & TERMINALS. Any invoice exceeding the credit limit will be settled within 7 days of receipt of invoice. We are aware that an interest at monthly rate of 1.5 %, accruing on daily basis and being compounded quarterly until payment is made and suspend all services unit payment has been made in full.

Place & Date:

Signature with Stamp

<b>For Office Use</b>					
Permitted Credit Amount		Credited Period		Validity till	
Bank Guarantee Amount	Validity date		Bank		
Approved / Not approved					
Authorized Signatory					