

Date: \_\_\_\_\_

**CREDIT APPLICATION EVALUATION FORM**

Company Name: \_\_\_\_\_

Address/PO Box: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Documents Submitted

- Customer Registration Proposal Form
- Trade License Copy
- VAT Certificate Copy
- Sponsor's Passport Copy
- Cheque Signatory's Passport Copy/Visa Page Copy

Trade Reference	Remarks	Date
1.	_____	_____
Contact Person:	_____	_____
Designation:	_____	_____
Office No.:	_____	_____
Mobile No.:	_____	_____
2.	_____	_____
Contact Person:	_____	_____
Designation:	_____	_____
Office No.:	_____	_____
Mobile No.:	_____	_____

Insurance Application	Remarks	Date
1st Application Date: _____	_____	_____
2nd Application Date: _____	_____	_____
3rd Application Date: _____	_____	_____

Checked By: _____	Verified By: _____
_____ Date: _____	_____ Date: _____
Sales Coordinator	Finance Controller

Approved By: _____	Remarks _____
_____ Date: _____	_____
Managing Director	_____



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