Tel: +973 17 238381 (Manama) Tel: +973 17 896557 (Salmabad)

Fax: +973 17 275917

Email: office@alalaonline.com

مجموعة العلاء التجارية ذ.م.م. Al Ala Trading Group w.L.L.



Credit Application Form

			C.R:
Flat/Shop:	Building :	Road/ Street :	Block :
Area :	P.O.Box :	Tel :	Fax :
Email :		Website :	
	Name & Ho	ome address of C.R ov	wner_
Name:			C.P.R:
Building:	Road:	Block:	Area:
Tel:	Mobile:	Email:	
	<u> </u>	ieneral Manager	
Name:			
C.P.R:	Nationality:		Passport No:
Tel:	Mobile:	Email:	
Bank A/C No:		Bankers:	
Bank A/C No:	:	Bankers: I agree that invoices i invoice date.	
Bank A/C No:	: e information is correct and agreed credit period of the	Bankers: I agree that invoices i invoice date.	
Bank A/C No: Credit limit requested I declare that the above will be paid as per the above the service of the	e information is correct and agreed credit period of the ocopy of C.R & CPR owner.	Bankers: I agree that invoices i invoice date.	
Bank A/C No:	: e information is correct and agreed credit period of the ocopy of C.R & CPR owner.	Bankers: I agree that invoices i invoice date.	n respect of purchases made in this accoun
Bank A/C No:	: e information is correct and agreed credit period of the ocopy of C.R & CPR owner.	I agree that invoices i invoice date.	n respect of purchases made in this accoun
Bank A/C No:	e information is correct and agreed credit period of the ocopy of C.R & CPR owner.	I agree that invoices i invoice date. DFFICE USE ONI Appro	n respect of purchases made in this accoun