



## B. CREDIT - TERMS & CONDITIONS

### B.1 Credit Facility Request

Credit Limit (AED) *	Payment Term (days)
10,000/-	<del>30 Days</del> 15 days

Credit Cycle*	Mode of Payment
Per Invoice* <input checked="" type="checkbox"/>	Bank Transfer <input checked="" type="checkbox"/>
Monthly Cycle** <input type="checkbox"/>	Cheque <input type="checkbox"/>

\*Credit Term starts from Invoice Date and is to be paid as and when it is due

\*\*Monthly Credit Term – All invoices raised in a month is to be paid for in 1<sup>st</sup> week of following month

(\*) Fields are mandatory to be filled

### B.2 Authorized Signatory and Job Approver for PO / Email\*

Role	Name	Designation	Email Id	Mobile Number
Job Approver	BIJULALKRISHNAN	Managing Partner	bijulal@kamsshipping.com	050 7661410
Authorized signatory	BIJULALKRISHNAN	Managing Partner	bijulal@kamsshipping.com	050 2159494

(\*) Fields are mandatory to be filled

### B.3 Supplier References – Payment Credibility

1. Company Name:	Contact Person and Number
Address:	
Credit Limit (AED):	
2. Company Name:	Contact Person and Number
Address:	
Credit Limit (AED):	