

CLIENT REGISTRATION FORM

A) Company Information

Name of the Company:

Division:

P.O. Box: Emirate:

Location:

Telephone: Fax: E-mail:

Nature of Business: Period of Business in UAE:

Legal Status: (Sole Proprietor / Partnership / LLC / FZCO / FZCE / Others)

Trade License No: Expiry Date:

Chamber of Commerce Cert. No. : Expiry Date:

Sponsor Name: Contact no. :

B) Information of the Owner/ Partner/ Directors

1. Name: Position:

Nationality: Position:

2. Name: Position :

Nationality:

3. Name:

Nationality:

4. General Manager's Name: Contact no. :

Nationality:

C) Information of the Authorized person to sign LPO

1. Name: Designation: Signature:

2. Name: Designation: Signature:

D) Information of the Authorized person to sign Cheques

1. Name: Signature:

Designation:

2. Name:

Designation:

E) Particulars of person to whom the Invoice to be submitted

Name: Designation:

P.O.Box: Emirate: Location:

Contact no. : Fax no. : E-mail :

[P.O.Box 108258, Abu Dhabi, U.A.E., Tel: +971 02 555 4420, Email: info@interamerican.ae](mailto:info@interamerican.ae)

F) Particulars of Person who makes the payment (Head of Finance Department)

Name: Designation:
P.O.Box: Emirate: Location:
Contact no. : Fax no. : E-mail :

G) Bank References (Name of the banks you are dealing with)

1. Bank & Branch:..... A/C no. : Tel no. :
2. Bank & Branch:..... A/C no. : Tel no. :

H) Trade Credit References (Name of Companies you are dealing with on credit)

1. Since: Tel no. :
2. Since: Tel no. :

I) Documents Annexed

- 1. Trade License Copy
- 2. Chamber of Commerce Cert. Copy
- 3. Sponsor/Partner's Passport Copy
- 4. Copy of Attested signature by Court or Power of Attorney
- 5. Passport copy of Authorized signatory
- 6. Security Cheque (where applicable)
- 7. Advance Cheque (Where Applicable)

I/WE believe and assure you that our firm is financial sound enough and able to meet any commitments we have made to pay your invoices according to mutually agreed terms. In this case you may check with our bankers for which we have no objection. We further undertake to abide by the following:

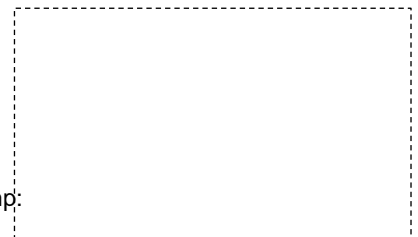
- 1. All requests for rental / lease will be made in writing on our company's Letter head / Purchase Order / Authorized Registered Email.
- 2. All Invoices will be settled as per the credit limit / credit period approved by **Inter American Rent a Car** Failure to settle the account as per the credit limit / credit period gives **Inter American Rent a Car** the right to take necessary legal action to recover the due amount and the right to repossess The vehicles without prior notice with penalty on premature termination.
- 3. Credit limit /credit period is applicable only for rental / lease charges. All other charges (damage, insurance excess, traffic fine, etc.) if any, shall be paid immediately on submission of invoices / debit notes for the same. Returning of all vehicle or reduction in the number of vehicle hired will result an automatic cancellation of this credit facility.
- 4. While settle your invoices on due dates no deduction shall be made by us whatsoever, without your written acceptance.
- 5. Payment shall be made to you directly without any adjustment of your group of companies' invoices if any. I/We further declare that I/We have read, have understood and hold myself/ourselves legally bound by the conditions laid down on this form. I also confirm contents included in page no. 1 to 2 and those of any authorized attachments there to.

Authorized Signature:
(Please attach a copy of Court attestation of Signature OR Power of Attorney)

Date:

Name:
Designation:

Company Stamp:



For Office Use Only (Internal)

Comments / Recommendation by dealing sales staff for credit limit and credit period:

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Name: Signature: Date:

Division Manager's observations/ recommendations for credit limit & credit period:

Name: Date:
Signature:

Finance Manager's Observations Remarks:

Approved Credit Limit AED: **Credit Period:**

Accountant

Finance Manager

General Manager