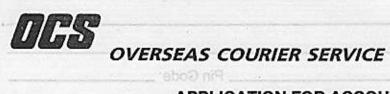
A/c No.



Ref. No.

APPLICATION FOR ACCOUNT FACILITIES

A.	Company / Firm Name :					
-	Physical Street	introduce and the source for	ID THIT GOULDED THE	details.	an evip	
	Address	: 985		. email/ vnann	1 Con	
	:	o behedo	Р	in Code0/4 muo	ogA	
	Phone (s) 1. :	Fax 1	Т	elex 1_email_vient	t Con	
	Phone (s) 2. :	io benegO Fax 2.	T	elex 2	OOA ACO	
	Dept. Name :	· · · · · · · · · · · · · · · · · · ·	Dept. Code :	OP vilnitis one emis	MB : Credit I	
B.	Address where bills	s are to be sent (if different	from above)			
nou		rive: malages at eatilities				
	Address	the undertaking contained	iodically and to give	t OCS will raise par	arti asciovni	
fole		s Standard Trading Octability			n evan eW/	
180	Phone (s) 1.:	ent rilliw eonabteops ni ed Fax 1.	Ws and OCS, shall	elex 1	contract for	
		Fax 2.			thirestones	
	Dept. Name :	Dept. Code :_		erson Incharge:		
C.	Address from where pick ups are to be made (if different from above)					
	Physical Street					
-	Address	:		TWO CONTRACTOR OF THE PARTY OF		
		:	P	in Code		
	Phone (s) 1.:	Fax 1	Т	elex 1	3 800 101)	
	Phone (s) 2. :	Fax 2	00 ta	elex 2	Chacked By	
	Dept. Name :	Dept. Code : _	ı ı	erson Incharge:	No. CRL:	
D.	Details of person authorised to request credit facilities and sanction payment on behalf of the Company / Firm names at A above.					
	First Name :		Surname :	(Agui	o asp.,u,nj	
		Trf. Code :				
E.	Details of person incharge of Accounts / Invoices.					
	First Name :		Surname :			
	Designation :		Dept.:	15	. 5/60	

give us details. 1. Company Name : City : Account No. Opened on : 1. Company Name : City : Opened on : 1. Company Name : City : Opened on : 1. Company Name : City : Opened on : NB : Credit terms are strictly 30 calander days from invoice date. I certify that I am authorized by the company / firm (the applicant mentioned at A above) in request account / credit facilities to sanction payment to OCS for all succinvoices that OCS will raise periodically and to give the undertaking contained herein. I/We have read, understood and accept OCS India's Standard Trading Conditions, and agree that eac contract for services between M/s and OCS, shall be in accordance with the laws of India to whose jurisdiction we agree to submit. Further, in token of acceptance of the attached applicable tariff for services, I/we do hereby sign and return one copy of the same. Signature : Company Seal : Company Seal : Designation : Designation : Designation : Designation : Date : // // // // // // // // // // // // /	r. Details of your bankers .		
:	Bank Name :		400,000,000
Account No	Address :		Cipilei
Opened No			Pin Code
G. Do you currently enjoy account facilities with any other express companies? YES/NO, if so, pleas give us details. 1. Company Name :	Account No.	OATION FOR ACCOUNT FACILIT	count Type
G. Do you currently enjoy account facilities with any other express companies? YES/NO, if so, pleas give us details. 1. Company Name :	Opened No.		
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(For OCS use only) Account Proposed by : Checked By :	I/We have read, understood ar contract for services between jurisdiction we agree to subm services, I/we do hereby sign a Signature :	nd accept OCS India's Standard Tradin M/s and OCS, shall be in accordance and return one copy of the same. Company Designation	ng Conditions, and agree that each each with the laws of India to whose the attached applicable tariff for Seal:
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