

CREDIT APPLICATION FORM

Name of the Organisation _____

Nature of Business _____ Date of Incorporation: _____

Pan Number _____ Service Tax Number _____

Legal Status _____
 Public Limited / Private Limited / Partnership Firm / Limited Liability Partnership/ Proprietorship/
 Government / Public Sector Units

Address of Registered and Branch office: _____

Contact Details: Board Line _____ Direct _____

Cell No. _____ email: _____

Name and Address of your Banker _____ Banking since: _____ years

FINANCIAL INFORMATION:

Particular	FY 2015 - 16	F.Y. 2014 - 15	F.Y. 2013-14
Turnover (Rs. In Lacs)	Rs. _____	Rs. _____	Rs. _____
Net Profit/(loss)	Rs. _____	Rs. _____	Rs. _____
Net Worth	Rs. _____	Rs. _____	Rs. _____
External Debts	Rs. _____	Rs. _____	Rs. _____

REFERENCES:

Please provide two hotel reference with whom you are enjoying credit

Name of the Hotel	Approximate Billing amount	Year of relationship	Contact Person	Contact Number
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

- * I / We hereby confirm that the information given above is true and complete and authorise the Hotel to check references and agree to hold the hotel harmless from any action arising out of the legitimate and proper conduct of those reference checks.
- * I / We hereby agree that all bills are payable in 30 days. In the event such payment is not made within 30 days after the receipt of the original bill/s, the hotel may immediately impose a LATE PAYMENT CHARGE on the unpaid balance @ 24% plus all reasonable cost of collection, including attorney fees.
- * I / We hereby agree the hotel management shall be at liberty to withdraw the credit facilities at any time without giving any prior notice thereof and or assigning any reason for the same.
- * I / We hereby agree the hotel management reserves the right to alter / modify the terms and conditions of credit and the same shall be binding on the party granted the credit facilities
- * I / We hereby agree the Disputes, if any shall be subjected to Mumbai Jurisdiction.

Name of Authorised Person _____ Designation _____ Authorised Signatory with Seal _____

Place : _____ Date : _____





— FIVE STAR ECOTEL HOTEL —
FRIENDLY. ECO-FRIENDLY

FINANCE CONTACTS

Name

Contact Numbers

Escalation Matrix 1

Escalation Matrix 2

Escalation Matrix 3

Please enclose.....

- 1 Incorporation Certificate
- 2 Bank reference letter
- 3 List of Board of Directors
- 4 Last years audited financial statements
- 5 Self attested copy of Pan Card
- 6 Self attested copy of Service Tax Registration
- 7 Self attested copy VAT Tin Registration

FOR INTERNAL USE ONLY

Credit Limit Requested for Rs. _____

Sales Manager Name & Signature

Head of Sales / MICE Signature

Credit Limit Approved Rs. _____

Credit Period Approved _____

Credit Manager

Financial Controller

General Manager

Nehru Road, Vile Parle (E), Mumbai - 400 099, India. Tel: 91-22-26164040. Fax: 91-22-26164141

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