

NEW PARTNER CREDIT APPLICATION FORM

Please fill this application form completely. Incomplete application form will not be processed

Firm Name			
Address			
City		State	PIN
Phone		Fax	
Email		PAN	
Mobile		TIN	

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Limited Co./ Unlisted
Year of Incorporation		No. of Employee	
Equity /Capital		Net Worth	
Total Sales Turnover		Financial Year	
Total Turnover for Similar Products		Projected Purchase from HCL	
Audited Financial Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	6 Months Bank Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earlier Transaction with HCL	Duration	Value	
Current Sourcing : Company Name		Annual Purchase INR	
Owner/Partner/Director's Name		Responsible Person's Name	
Contact No.		Contact No.	

Details of Commercial Premises		Please provide separate details with addresses of all premises	
<input type="checkbox"/> On Rent	Rent Per Month	<input type="checkbox"/> Owned	Market Value

Details of Sales								
S.No.	Products	Brand	No. of Years Known	Last 3 Years Sales (in Lacs)			Budgeted Sales for current year	Credit Terms availed if any
				Year1	Year2	Year3		

Notes: Additional information to support your applications

Information about Director/ Partner/ Proprietor							
S.No.	Name	PAN No.	D.O.B.	Education	Share in the entity	Income Tax Paid in last FY	Address & Contact No.

Details of Related Businesses/ Sister Concern				
Entity Name	Year of Establishment	Business Line	Address	Total turnover in the last FY

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BANK REFERENCE

Firm Name		Relation Since			
Contact Person		Signatory*			
Address		Credit Limit			
		A/C No.		A/C Type	
		Bank Limit		LC Limit	
Mobile No.		Collateral	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	

**Name of authorized signatory as per bank records*

TRADE REFERENCE 1

Firm Name		Credit Limit		Terms	
Contact Person		Designation			
Address		Phone No.		Fax No.	
		Mobile No.		Email ID	

TRADE REFERENCE 2

Firm Name		Credit Limit		Terms	
Contact Person		Designation			
Address		Phone No.		Fax No.	
		Mobile No.		Email ID	

TRADE REFERENCE 3

Firm Name		Credit Limit		Terms	
Contact Person		Designation			
Address		Phone No.		Fax No.	
		Mobile No.		Email ID	

- This is to authorize us to verify your Bank/Trade credentials. Applicants signature attests financial responsibility, ability and willingness to pay invoices in accordance with agreed - upon terms.
- No related party/group associate reference should be provided.
- Past due accounts: The undersigned agrees to pay all penalties/service charges, reasonable legal/court fees incurred.
- We hereby agree to pay the value of goods/services purchased/provided to us on the due date as per agreed sales terms and conditions.
- We declare that the information submitted herein is true and accurate.

Signature and Seal

Name _____

Designation _____

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SUPPORTING DOCUMENTS REQUIRED

Limited Company	Memorandum of Association, Articles of Association, Certificate of Incorporation, Permanent Address of Managing Director/Any two directors, Sales Tax Registration Certificate , PAN Card, Two advance cheques along with covering letter, Last 3 months Bank Statement, Bank Signature verification sheet / One current dated cheque to be in favor of HCL Infosystems Limited for Rs. 500 at least before first billing, Last 2 years audited financial statements, Last 2 years Income Tax Return, Last 6 months VAT Returns
Partnership Firm	Copy of Partnership Deed, Certificate of Registration of Registered Firm, Permanent Address of all Partners, Sales Tax Registration Certificate, PAN Card, Two advance cheques along with covering letter, Last 3 months Bank Statement, Bank Signature verification sheet/One current dated cheque to be cleared in favor of HCL Infosystems Limited for Rs. 500 at least before first billing, Last 2 years audited financial statements, Last 2 years Income Tax Return, Last 6 months VAT Returns
Sole Proprietor	Permanent Residential Address of Proprietor, Proof of Residential Address, Sales Tax Registration Certificate, PAN Card, Two advance transaction cheques along with covering letter, Last 3 months Bank Statement, Bank Signature verification sheet/One current dated cheque to be cleared in favor of HCL Infosystems Limited for Rs. 500 at least before first billing, Last 2 Years audited financial statements, Last 2 Years Income Tax Return, Last 6 months VAT Returns

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FOR OFFICIAL USE ONLY

Name of the Company	<input style="width: 100%;" type="text"/>	
Existing Business	<input style="width: 100%;" type="text"/>	
Products Applied for	<input style="width: 100%;" type="text"/>	
Territory Assigned	<input style="width: 100%;" type="text"/>	
Expected Avg. Business	Rs. _____ lacs. / month	
Desired Credit Limit	Rs. _____ lacs	
Desired Credit Days	<input style="width: 100%;" type="text"/>	
Existing/Past Business with HCL (if any)	Department Name Business done in the last 12 months Credit limit (if any)	Business Since Maximum exposure in the last 12 months Payment terms

PARTNER TYPE

<input type="checkbox"/> Corporate Resellers	<input type="checkbox"/> Sub Distributor
<input type="checkbox"/> Telesales	<input type="checkbox"/> Upcountry Customer
<input type="checkbox"/> Audio/ Video	<input type="checkbox"/> National Sys. Integrator
<input type="checkbox"/> Software, System Integrator	<input type="checkbox"/> Software Resellers
<input type="checkbox"/> Technology	<input type="checkbox"/> Power (UPS etc.)
<input type="checkbox"/> OA	<input type="checkbox"/> Mobile Ph. Customer

RECOMMENDED C.L AND CREDIT TERMS BY BUSINESS

	Name	Recommendation
By ASM/ BM/ RSM	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ZM	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
NSM	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

FOR CREDIT CONTROL USE ONLY

Credit Controller's Recommendation	<input style="width: 100%;" type="text"/>			
Reference Check	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Bad
Financial Health	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Bad
Credit Application Reviewed By	<input style="width: 100%;" type="text"/>			
Approved By	<input style="width: 100%;" type="text"/>			

Product Head	<input style="width: 100%;" type="text"/> Approved/ Not approved
Commercial	Documents received/ not received Agreement sent on _____
Accounts	Account opened on _____ Cheque: Cheque No: _____ Drawn No: _____ Post Dated Cheques: Cheque Nos From _____ to _____ BG submitted Amount _____ Expiry Date _____ Bank _____