

CREDIT FACILITY FORM

Registered Name:

Address & Location:

Type of Business:

(Please enclose trade license copy)

Sponsor Name & Address:

Contact Name: Position:

Telephone Number: Fax No. Email Add:

Banker: Branch / Address: Account Number:

1.

2.

Do you have any credit facility in other hotels in UAE?

Name: Address: Telephone Number:

1.

2.

Specimen Signature (please write in full name and designation of persons authorize to sign LPO)

Name: Address: Telephone Number:

1.

2.

3.

We confirm that all of the above information is correct and your payment will be paid to you within our credit limit amount & days:

Authorized Signature:

Company Seal:

Date:

Please note that this application is subject to approval of the Hotel Management and the final decision shall be communicated to you in due course of time. Credit Facilities will automatically cease in the event of any account remaining unpaid for more than days.

Radisson Blu Resort, Sharjah
Corniche Road, PO Box 3527
Sharjah, United Arab Emirates
Tel: +971 6 5657777
Fax: +9716 5650090
reservations.sharjah@radissonblu.com
www.radissonblu.com/resort-sharjah

Radisson **BLU**
HOTELS & RESORTS

(Please return the filled up Credit Facility Form to Radisson Blu Resort Sharjah along with a copy of valid trade license of the company to Accounts Fax Number +971 6 5640440 or email address of our Credit & Government Affairs Manager, Mr. Jamal Sharaf, jamal.sharaf@radissonblu.com)

For Official Use Only: (Please do not write below)

Approved Credit terms with days to the extent of AED

Approved by:

Recommended by:

Credit Manager:

Financial Controller:

General Manager:

Date:

Date:

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