CREDIT FACILITY FORM

Registered Name:		
Address & Location: Type of Business: (Please enclose trade lice	nse copy)	
Sponsor Name & Addres	s:	
Contact Name:	Po	osition:
Telephone Number:	Fax No.	Email Add:
Banker:	Branch / Address:	Account Number:
Do you have any credit fa	acility in other hotels in UAE?	
Name:	Address:	Telephone Number:
Specimen Signature (pleas	se write in full name and designat	ion of persons authorize to sign LPO)
Name:	Address:	Telephone Number:
We confirm that all o	you within our credit limit a _	
Authorized Signature:	Company Seal	

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



(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 withdays to the extent of AEDApproved by:			
Recommended by:	Credit Manager:		
Financial Controller:	General Manager:		
Date:	Date:		

