



OVERSEAS COURIER SERVICE

A/c No.

APPLICATION FOR ACCOUNT FACILITIES

A. Company / Firm Name : _____
 Physical Street : _____
 Address : _____

Pin Code : _____
 Phone (s) 1. : _____ Fax 1. _____ Telex 1. _____
 Phone (s) 2. : _____ Fax 2. _____ Telex 2. _____
 Dept. Name : _____ Dept. Code : _____

B. Address where bills are to be sent (if different from above)
 Physical Street : _____
 Address : _____

Pin Code : _____
 Phone (s) 1. : _____ Fax 1. _____ Telex 1. _____
 Phone (s) 2. : _____ Fax 2. _____ Telex 2. _____
 Dept. Name : _____ Dept. Code : _____ Person Incharge : _____

C. Address from where pick ups are to be made (if different from above)
 Physical Street : _____
 Address : _____

Pin Code : _____
 Phone (s) 1. : _____ Fax 1. _____ Telex 1. _____
 Phone (s) 2. : _____ Fax 2. _____ Telex 2. _____
 Dept. Name : _____ Dept. Code : _____ Person Incharge : _____

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 : _____
 Designation : _____ Dept. : _____

E. Details of person incharge of Accounts / Invoices.

First Name : _____ Surname : _____
 Designation : _____ Dept. : _____

Ref. No.

F. Details of your Bankers :

Bank Name : _____
Address : _____
: _____ Pin Code _____
Account No. _____ Account Type _____
Opened No. _____

G. Do you currently enjoy account facilities with any other express companies? YES/NO, if so, please give us details.

1. Company Name : _____ City : _____
Account No. : _____ Opened on : _____
1. Company Name : _____ City : _____
Account No. : _____ 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 such invoices 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 each 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 : _____
Full Name : _____ Designation : _____
Date : // //

(For OCS use only) Account Proposed by :

Checked By : _____ at OCS _____ Date : _____
No. CRL : _____ Billing Cycle : _____

(H.O. Use only)

Cust. Code : _____ Trf. Code : _____
Authorised by : _____ Designation : _____
Date : // //



Ref. No.