

| | |
|--|--|
| Accounts Department Details | |
| Name: | |
| Title: | |
| Mobile No: | |
| Email Address: | |
| Purchasing Department Details | |
| Name: | |
| Title: | |
| Mobile No: | |
| Email Address: | |
| IT Department Details | |
| Name: | |
| Title: | |
| Mobile No: | |
| Email Address: | |
| Library Details (for education institutions) | |
| Name: | |
| Title: | |
| Mobile No: | |
| Email Address: | |

I hereby assure that the information given above is correct.

Signature : _____

Name : _____

Date : _____

Official Stamp

For *ASTERS*' use only

Recommended by : _____ Signature : _____
Approved by : _____ Signature : _____
Date : _____
Credit Period : _____ Days
Credit Limit MRF | | | | | | | | . | | | | |
AR monitored by : _____
Entered by : _____ Signature : _____
Date : _____