Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department			
1	Customer Name	1	ARTIS TECHNICAL TEXTILE PVT. LTD.				
2	Address with PIN Code		SURVEY NO 57/3/3,57/3/4/1/1 & 57/3/5/1, VILLAGE - KHERDI, AMBOLI PATELAD, SILVASSA, 396230				
3	Name of Contact Persons (2 Nos.) with Contact Nos.		Hites Mehta, 9824732747				
			Sanat Panda, 905478391				
4	Telephone No (With STD/ ISD code)		NA				
5	What's App No (With ISD code if outside India)		9824732747				
6	Email ID		artistechnicaltextile@gmail.com				
7	Location - City / State / Zone		SILVASSA				
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		NA				
9	Other Information - Sis Concern Company etc.		NA				
10	Bank Details						
	Name of the Bank		STANDARD CHARTERED BANK,				
	Branch		2325 MG ROAD, FORT, MUMBAI				
	A/c No. With copy of Cancelled cheque		22506172577				
	IFSC Code		SCBL003604				
	Bank Contact Detail - Email	/ Phone No.	RITESH BRA	MBHAT, 98922662440			
11	GST No Provide copy of GST Registration Certificate		26AASCA1754G1ZJ				
12	PAN No. Provide copy of PAN		AASCA1754G				
Dat	Date: 01.09.2020						
	Place: SILVASSA			of Customer's Authorized on with Company Seal			

Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	PAYMENT INFORMATION:			
	Payment Terms (need drop down menu such as advance payment (30:70 or 100 % before dispatch) credit period, credit through Clean, LC, BG etc.)			
	Credit Limit			
	Additional Credit Limit			
2	Bank Guarantee – Details: fields are mandatory)	(If applicable, the below		
	Validity			
	Expiry Date			
	Amount			
3	Black Listed			
10	TECHNICAL INFORMATION: -			
		n - Actual End Application of Product - , Pump Body, Pneumatic etc.		
	Industries - 12 Category (Building & Cons, Automobile, Transmission & Distribution, Electrical & Electronic, Defence, Medical, Automation, Solar, AHU, Modular, Textile & Defence			
	Aesthetic Requirement - Sel Anodising / PVDF / Achroma			
	Special Tolerance Requirem	nent		
	Special Packing Requirement	nt		
	Special Remarks.			
	jistration done by ployee Name:			
Date:			Signat	ure of the Employee.