,	Jindal Aluminium Limited, Bangalore.	CUSTOMER REGISTRATION FORM		Marketing Department	
1	Customer Name		TARUN HOSE & ENGG. WORKS		
2	Address with PIN Code		D-40, PHASE -II, INDUSTRIAL AREA, MAYAPURI, DELHI - 110064		
3	Name of Contact Persons (2 Nos.) withContact Nos.		MR. RAMESH KUMAR BHOLA - 9312504460		
			MR. TARUN BHOLA - 9999735656		
4	Telephone No (WithSTD/ ISD code)		9818575858		
5	What's App No(With ISD code if outside India)		N.A		
6	Email ID		sales@tarun-hose.com		
7	Location - City / State / Zone		NEW DELHI		
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		Trader		
9	Other Information - Sis Concern Company etc.		N.A.		
10	Bank Details				
	Name of the Bank		Bank of India		
	Branch		Tilak Nagar		
	A/c No. With copy of Cancelled cheque		603528100041200		
	IFSC Code		BKID0006035		
	Bank Contact Detail - Email	Phone No.			
11	GST No Provide copy of GST Registr	ation Certificate	07AAHPB2568B1Z6		
12	PAN No. Provide copy of PAN		AAHPB2568B		
	e: 15/01/2021 ce: NEW DELHI		Signature of Customer's Authorized Person with Company Seal		

	lindal Aluminium Limited, Bangalore.	CUSTOMER REGISTRA	TION 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.)			
			30% ADVANCE PAYMENT	
	Credit Limit			
	Additional Credit Limit			
2	Bank Guarantee - Details:(If applicable, the below fields are mandatory)		+ 1.0	Dr. Pri
	Validity			
	Expiry Date			
	Amount			
3	Black Listed			
10	TECHNICAL INFORMATION: - To be filled by the Marketing Back office at the time of making AO			
	End Application - Actual End Application of Product - Door, Window, Pump Body, Pneumatic etc.			
	Industries - 12 Category (Buil Automobile, Transmission & I Electronic, Defence, Medical, Modular, Textile& Defence	Distribution, Electrical &		
	Aesthetic Requirement - Sele Anodising / PVDF / Achromat	ction (Powder Coating /		
	Special Tolerance Requireme	nt		
	Special Packing Requirement			
	Special Remarks.			
	stration done by loyee Name:			
Date:			Signature of the Employee.	