

World Avenues S.A.

FINANCIAL INFORMATION FORM

Address: Postal Code: Country:	P.O. BOX-6358 21442 City: JEDDAH SAUDI ARABIA
Email: Registered with	02-6914465 salim@tandts.com the Chamber of Commerce in: /AT number:
2. Name of Authorised Director: SHATKH KHALID ALISSA Name of the Financial Controller: ASHRAF MANSOUR	
Bank address: Postal Code:	SAUDI FRANCE ON STOUNT NUMBER ON SAUDI ACCUPANCE ON SAUDI FRANCE ON SAUDI ACCUPANCE ON SAUDI ARABIA SAUDI ARABIA
Type of Credit Card: Company Credit Card no: Exp. Date:	
4. Please list two agencies or Hotels that have extended credit to you within the last	
Two years: Name: Address:	Since:
Postal Code: Country: Telephone:	City:
Email:	
Name: Address: Postal Code: Country: Telephone: Email:	Since: City:



5. I hereby authorize that inquiries may be made on the references listed above. I hereby also authorize additional references, which are decided by World Avenues including credit reporting agencies and others. I agree to hold World Avenues immune from any action arising out of legitimate and proper conduct of the credit investigation.

No reason will be given in the event that credit is not granted.

I understand that invoices are payable upon receipt.

Failure to pay invoices within a reasonable time limit may result in the withdrawal of credit facilities.

I, $SALIM\ V.P$, am authorized to obligate the organization / company mentioned in item 1 to pay any or all charges properly incurred in the hotel.

I certify that the above statement and information on this document are true and correct.

Name:

SALIM V.P

Position:

GENERAL MANAGER

Date:

21/07/2011

Signature:

TRAVEL AGENT STAMP:

