

World Avenues S.A.

FINANCIAL INFORMATION FORM

1. Travel Agent: Address: Postal Code: Country: Telephone: Email:	FARNAS HOUDAYS MADINAH ROAD - CITY CENTER 13815 City: JEDDAH JIHIU SAUDI ARABIA + 96626696166 h the Chamber of Commerce in: Who DEARNAS HOUDAYS COM
Registration /	VAT number:
2. Name of Author Name of the Fir	ised Director: MR. NABIL ABOULBADI Bancial Controller: MR. NADEEM SIDDIQUE
Postal Code: Country:	City: BAB MAKKAH City: SAUDI ARALIA
Exp. Date:	*
4. Please list two a Two years; Name: Address: Postal Code: Country: Telephone: Email:	gencies or Hotels that have extended credit to you within the last Since: City:
Name: Address: Postal Code: Country: Telephone: Email:	Since: City:

WORLD AVENUES

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 legitimat 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

, 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.

GENERAL MANAGER Name:

Position: Date:

Signature:

TRAVEL AGENT STAMP:

