



CUSTOMER APPRAISAL MEMORANDUM (CAM)

Company : Account # :

Address : E-mail

Fax # :

Contact

Traffic Manager / Logistic Manager : Phone # :

Purchase / Sales Manager : Phone # :

Credit Controller : Phone # :

Managing Director : Phone # :

Nature of Business : Started :

Banks : Bank A/c # :

Address :

Shipper / Consignee / Buying House :

Members of any association (eg: FICCI, CII etc)

Major Share Holder :

Collection Contact : Telephone :

Business	Airfreight Import	Airfreight Export	CHA's
Obtained	Sea freight Import	Sea freight Export	Warehousing

Average Shipments per Month : (Total of all_Products)

Airfreight Import : Air freight Export

Sea freight Import : Sea freight Export

Warehousing : CHA / Others

Average Weight / TEU / M³ per Month :

Airfreight Import : Air freight Export

Sea freight Import : Sea freight Export

Warehousing : CHA / Others

Average Turnover per Month (in INR) : (Total of all_Products)

Air freight Import : Air freight Export

Sea freight Import : Sea freight Export

Warehousing : CHA / Others

Average Profit per File : **(Average of all Products)**

Airfreight Import : **Air freight Export**

Sea freight Import : **Sea freight Export**

Warehousing : **CHA / Others**

GPM : **(Average of all Products)**

Air freight Import : **Airfreight Export**

Sea freight Import : **Sea freight Export**

Warehousing : **CHA / Others**

Total potential of Customer (Weight / Shipment / TEU / M³) per Annum :

AIR in MT: **OCE FCL in TEU:** **OCE LCL in CBM:**

Customer Share of S CUBE including this new business :

For Import CC fee %/CAF %

For Export revenue (Weight/TEU/FEU/ M³)

Competitor Information

Existing Freight Forwarder :

Other Forwarders sharing the business :

Present Credit Term :

Comments of Business Development Manager

Report : <u>Initial Request</u>	<u>Increase to</u>	<u>Justification of Increase</u>
As of		
Amount		
Days		

Approval by Business Unit Manager :

Approval by District Manager :

COMMENTS WITH RESPECT TO CREDIT (Mandatory to be filled)



REPORT (Mandatory to be filled):

Requested by : (Concerned Sales)

I / We here by recommend & agree to the credit terms and conditions mentioned in this application and warrant that the information provided in this application are correct.

Recommended by : Name **(BUM/DM)**

Signature :

Report : **Bank** **Other**

Date Ordered :

Reminder :

Received :

APPROVAL BY CREDIT COMMITTEE (For credit department use) :

CONTROLLER MANAGING DIRECTOR

**The credit is approved/ changed for/to Rs. for Days for the products
AI / AE / SI / SE**

Authorized Signatory of Controller: Name:

Signature :

- **Original to Branch**
- **Copies to MD / Controller / HMS**

**VISIT REPORT REQUIRED TO BE ATTACHED
WITH CREDIT APPLICATION FORM**

The following information may be obtained from the potential customer at the time of processing the CREDIT APPROVAL FORM

TURNOVER & PROFIT (Last Financial year)
- **TOTAL** :
- **EXPORT** :

NO. OF EMPLOYEES (As at present) :

QUALITY CERTIFICATION, IF ANY :

CREDIT RATING (If any & name of agency) :

**PREMISES (Rented / Owned) AND
APPROXIMATE SIZE OF THE SAME** :

LOCATION OF WORKS :

**FOREIGN COLLABORATION & TECHNICAL
TIE-UPS (If any)** :

**FINANCIAL STAKE OF THE FOREIGN
COLLABORATOR (If any)** :

**COPY OF LATEST AUDITED BALANCE
SHEET** :

COPY OF HALF YEARLY RESULT :
(Wherever feasible & applicable)

(SIGNATURE OF MKTG. EXEC.)

The Market reputation if the client, as per our survey us:-

AVERAGE **GOOD** **EXCELLENT**

(SIGNATURE OF REGIONAL MGR.)



ANNEXURE TO CUSTOMER APPRAISAL MEMORANDUM

Profile :

Financial Report :

Products:

Market :

Group of Companies :

Web Site:

Miscellaneous : (includes Major Customers, Awards & Certification, Milestones)

SOP for Collection: (Includes documentation, submitting of invoices, account statement, letters & other documents, follow-up, customer's internal procedures, contact person, escalation level with designation & contact details, Signatories, details of bank, mode and frequency of payment)

USA OFFICE:

S CUBE Trans Continental Logistics
LLC
7, Old Coach Lane
Carlisle, PA - 17013
UNITED STATES
TEL: +1 717 701 8613
MOB: +1 717 961 9130

WORLD HEAD QUARTERS

S-CUBE Trans Continental Logistics JLT
United Arab Emirates
Unit No. 3 O-01-1565, Floor No.1, Bldg. No.3
Plot No. 550-554, J & G, DMCC
DUBAI, U.A.E. P.O. Box - 340505
TEL: +9715 28359027

INDIA OFFICE

S CUBE Trans Continental Forwarding India Pvt. Ltd.
Office No. 19, 2nd floor,
Techniplex - 1, Techniplex Complex
Veer Savarkar Flyover, Goregaon (West)
Mumbai - 400062, INDIA
TEL: +9122 6115 5500
MOB: +91 98212 45555 / 98330 34555