

**CREDIT APPLICATION FORM**

**A. CUSTOMER DETAILS - ACCOUNT MANAGER: ABDUL**

**A.1 Details of the Organization**

Name: ASPIRELI GENERAL TRADING FZE		
Address: FZJOB0709, JAFZA ONE CONVENTION CENTRE, JEBEL ALI FREEZONE		
City / Emirate: DUBAI, UAE		
Office Tel. # 04 8734300	E-mail: rao@aspireli.com	Web: www.aspireli.com

**Bank Details \***

Name:	Mashreq Bank PSC,
Branch:	DIC, DUBAI, UAE
Address:	DIC, P.O.Box 1250, Dubai, UAE
Account No./ IBAN	019101443447 IBAN NO: AE550330000019101443447
Type of Account.	AED

**A.2 Key Personnel / Authorized Signatory / Management\***

Department	Name	Designation	Email Id	Mobile Number
Finance	Priyanka Malhotra	Finance Manager	priyanka.malhotra@aspireli.com	+ 971 523818219
Procurement	Sudarshan Rao	Sr. Logistics Executive	rao@aspireli.com	+971 586411652
Management	Jitu Bhase	Admin Manager	jitu.bhase@aspireli.com	+971 526295758
Authorized Signatory	Dhananjay Shinde	Manager	dhananjay.shinde@aspireli.com	+971563141762

**B. CREDIT - TERMS & CONDITIONS**

**B.1 Credit Facility Request**

<b>Credit Limit (AED) *</b>	<b>Payment Term (days)</b>
20,000	30

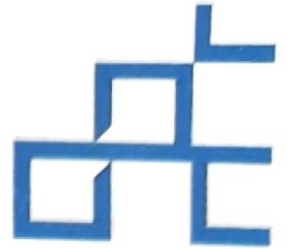
**Credit Cycle\***

1. Per Invoice*	<input type="checkbox"/>
2. Monthly Cycle**	<input checked="" type="checkbox"/>

\*Credit Term starts from Invoice Date and is to be paid as and when it is due

\*\*Monthly Credit Term – All invoices raised in a month is to be paid for in 1<sup>st</sup> week of following month

(\*) Fields are mandatory to be filled



**B.2 Authorized Signatory and Job Approver for PO / Email\***

Role	Name	Designation	Email Id	Mobile Number
Job Approver	Dhananjay Shinde	Manager	dhananjay.shinde@aspireli.com	+971563141762
Authorized Payment signatory	Same as above			

(\*) Fields are mandatory to be filled

**B.3 Documents to be attached**

- Trade License Copy Enclosed
- VAT TRN - Not Applicable
- Passport Copy – Owner & Signatory Enclosed

**B.4 Payment References**

1. Company Name	Contact Person and Number
Address: PO 243187, Showroom 3, Belreshed building 2, Nad al Hammur	Sudharthou Rao 058 6411 652
Credit Limit (AED):	
2. Company Name	Contact Person and Number
Address:	
Credit Limit (AED):	

**B.5 Customer Declaration**

I/ We certify that the above stated details are true and correct. I/We also hereby authorize Infinity Logistics to contact our bankers as mentioned above. I/We agree to settle invoices as per the payment term agreed by Infinity Logistics. In the case of any disputed invoices, the undisputed value will be settled according to the agreed terms set above and the dispute resolved within 7 days.

Any dispute will be governed by the law applicable in the United Arab Emirates and its jurisdiction.

Name of Authorized Person: \_\_\_\_\_

Designation in the Company: \_\_\_\_\_

Signature

Company Stamp



APPROVED BY: NIKSHITH - - 06/12/24

06-Dec-2024