

CREDIT APPLICATION FORM

A. CUSTOMER DETAILS

A.1 Details of the Organization

Company Name: AUG FZE		
Full Address: AUG FZE, EFZP1 Warehouse 21, Ajman Free Zone Gate 1, Ajman, UAE		
City / Emirate: Ajman		
Office Tel. # 065305945	E-mail: info@augmedical.com	Web: www.augmedical.com

Trade License No : 29528	
VAT TRN : 104133378000003	
Date of Formation: April 18, 2021	Date of Expiry: April 17, 2025

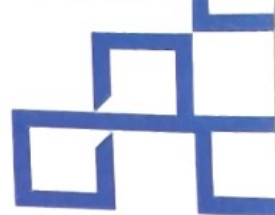
Bank Details *	
Bank Name:	AJMAN BANK
Branch:	Ajman Main Branch
Bank Address:	BANK ROUTING CODE: 805740101 AJMAN BANK
Account No./ IBAN	Account No: 011125462013 /IBAN: AE840570000011125462013
Type of Account	Current Account

A.2 Key Personnel / Authorized Signatory / Management*

Department	Name	Designation	Email Id	Mobile Number
Finance	Yamuna Ayilliath	Admin	admin@augmedical.com	+971564182929
Procurement				
Management				
Authorized Signatory	Mr. Mohamed Fajr	Executive Director	info@augmedical.com	+971589225577

A.3 Infinity Logistics Account Manager

Name:	Shayin . pk
Contact Number:	0565499876
Email ID	Shayin@infinitylogistics.ae



B. CREDIT - TERMS & CONDITIONS

B.1 Credit Facility Request

Credit Limit (AED) *	Payment Term (days)
10000	30

Credit Cycle* Per Invoice* <input type="checkbox"/> Monthly Cycle** <input checked="" type="checkbox"/>	Mode of Payment Bank Transfer <input checked="" type="checkbox"/> Cheque <input type="checkbox"/>
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*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 1st 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	Yamuna Ayilliath	Admin	sales@augmedical.com	+971564182929
Authorized signatory	Mr. Mohamed Fajr	Executive Director	info@augmedical.com	+971589225577

(*) Fields are mandatory to be filled

B.3 Supplier References – Payment Credibility

1. Company Name: Aramex Emirates LLC	Contact Person and Number
Address:	Ms. Monika Chukhaenko, Account Manager Tel: + 971 50 1107454
Credit Limit (AED):	
2. Company Name: DHL Express	Contact Person and Number
Address:	Ms. Fatema Alfud, Territory Manager - Direct Channel Mob: +971 56 177 9460
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 Signatory: Mr. Mohamed Fajr

Designation: Executive Director

SIGNATURE

COMPANY STAMP



Terms and Conditions

- All our invoices are presumed to be accurate unless we receive a written notification within 7 days of receipt.
- The account facility will be suspended without prior notice in the following situations:
 - (a) If the Invoice is not paid within the payment period stipulated above or as agreed upon

The First Party agrees to be bound by the Standard Trading Conditions of the Second Party. Our standard trading conditions are subject to the jurisdiction of U.A.E.

Acceptance of Account Facility Request
(To be completed by Infinity Logistics)

Sales

Approved by:	Date: 23-12-2024
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Finance

Approved by:	Date:
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Management

Approved by:	Date: 23-12-2024
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