



ACCOUNT OPENING FORM

Company Name: Habu Technology FZCO

Address: PO Box 18214, Plot No. MO 0226,
Building No. 18, Jebel Ali Freezone,
Dubai, United Arab Emirates

Contact Person: Muhammed Thengilakath

Tel: +971 48027018

Email: muhammedt@habutech.com

Mob: _____

Payment Information

Invoice Frequency _____

Payment Terms 45 days

Contact Person Monique

Dir. Tel +971 48027047

Email Id apaccounts@habutech.com

Guarantee Chq Detail _____

VAT TRN 100249591700003

Bank Reference

Bank Name Commercial Bank of Dubai

Account Number 1001456225 **Type** _____



Terms and Conditions

- 1) All our invoices are presumed to be accurate unless we receive a written notification within seven days of receipt.
- 2) The account facility will be suspended without prior notice in the following situations:
 - If the Invoice is not paid within the payment period stipulated above or as agreed upon.
- 3) In consideration of the Second Party granting an Account Facility to the First Party, the First Party hereby gives written consent to the Second Party to obtain a credit report concerning the First Party from any credit reporting agency, and further to make such enquiries and to receive and to give such information as is relevant to establishing the First Party's credit standing.
- 4) 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

I, the undersigned acting on behalf of the First Party have read and understood the above mentioned terms and conditions.

Name: Selvan Sorathur Kannan

Designation: Managing Director Date: 29/05/2024

Signature

A handwritten signature in black ink, appearing to read "Selvan Sorathur Kannan", is written over a light blue grid background.

Company Stamp



Acceptance of Account Facility Request To be completed by INFINITY LOGISTICS

Account Number: _____ Issued Date: _____