



## ACCOUNT OPENING FORM

**Company Name:** ADVANCED LIVING SOLUTIONS TRADING L.L.C

**Address:** P.O. Box 212044, Dubai-UAE  
Al Barsha 2, Near Al Barsha Park

**Contact Person:** NOEBY MAE DIZON

**Tel:** 971 4 321 4719

**Email:** admin@advlivsol.com

**Mob:** 971 54 461 1499

### Payment Information

**Invoice Frequency** Per Shipment

**Payment Terms** 30 Days - AED 10,000 Limit

**Contact Person** NOEBY MAE DIZON

**Dir. Tel** 054 4611 499

**Email Id** admin @ advlivsol. com

**Guarantee Chq Detail** N/A

**VAT TRN** 100040724500003

### Bank Reference

**Bank Name**

**Account Number**  **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: NOEBY MAE DIZON

Designation: COMPANY ADMINISTRATOR Date: \_\_\_\_\_

**Signature**

A handwritten signature in black ink, appearing to be "Noeby Mae Dizon", is written over a large rectangular box.

**Company Stamp**



**Acceptance of Account Facility Request  
To be completed by INFINITY LOGISTICS**

Account Number: \_\_\_\_\_

Issued Date: \_\_\_\_\_