



ACCOUNT OPENING FORM

Company Name: AL ITQAN FACTORY EQUIPMENT TRADING L L C

Address: Sharjah Industrial Area, Opposite Nila Restaurant
Behind Safeer Mall, Sharjah
UAE

Contact Person: Mr. Moorthy / Ms. Faritha / Mr. Ilyas

Tel: 971 6 531 6648

Email: moorthi@itqanuae.com / accounts@itqanuae.com

Mob: _____

Payment Information

Invoice Frequency Per Shipment

Payment Terms 30 Days - AED 20000 Limit

Contact Person Ms. Faritha

Dir. Tel 06 531 6648

Email Id accounts@itqanuae.com

Guarantee Chq Detail N/A

VAT TRN 100337810400003

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: _____

Designation: _____ Date: _____

Signature

Company Stamp

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

Account Number: _____

Issued Date: _____