



ACCOUNT OPENING FORM

Company Name: Medscience Medical Equipment

Address: International City, Phase 2
Al Jaber Bldg., Shop No. 1
Dubai

Contact Person: Mohammed Ahmed

Tel: 045842430

Email: sales@medscience.ae

Mob: 0545121267

Payment Information

Invoice Frequency AED

Payment Terms 30 days Credit from the date of Delivery

Contact Person Lainnie M. Guepe

Dir. Tel 045842430

Email Id info@medscience.ae

Guarantee Chq Detail n/a

VAT TRN 100439969500003

Bank Reference

Bank Name Abu Dhabi Commercial Bank

Account Number 11464356820001 **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: Mohammed Ahmed

Designation: Manager Date: 8th Aug. 2023

Signature

Company Stamp



*Md
Saeed*

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

Account Number: _____ Issued Date: _____