



ACCOUNT OPENING FORM

Company Name: Great Look Medical Supplies LLC

Address: Office 904, Le Solarium Tower, Dubai Silicon Oasis,
Dubai, UAE

Contact Person: Haitham Kamal Abdelkader Hawash

Tel: 042236365

Email: haisam@greatlookinc.com

Mob: 0552373315

Payment Information

Invoice Frequency _____

Payment Terms 30 days Credit from the date of Delivery

Contact Person Abdul Reyas

Dir. Tel 0502180936

Email Id accounts@greatlookinc.com

Guarantee Chq Detail _____

VAT TRN 100595608900003

Bank Reference

Bank Name RAK BANK

Account Number 0332546435001 **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: Haitham Kamal Abdelkader Hawash

Designation: Managing Director Date: 19/07/2024

Signature

Company Stamp

جريت لوك لتجارة المستلزمات الطبية ش.ذ.م.م
GREAT LOOK MEDICAL SUPPLIES L.L.C
Dubai - U.A.E

Acceptance of Account Facility Request To be completed by INFINITY LOGISTICS

Account Number: _____

Issued Date: _____