



## **ACCOUNT OPENING FORM**

**Company Name:** EASTERN PRINTING MATERIALS LLC

**Address:** WH-6,7,8,9 & 1, P.O. Box 1707, Al Quasis Inds area -2,  
Behind Aster Hospital, DUBAI UAE

**Contact Person:** Mr. Leonid / Ms. Priya Devan

**Tel:** 04-2674554 / 0505391107 / 0507498625

**Email:** info@epmdubai.com

**Mob:** 050-7498625

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### **Payment Information**

**Invoice Frequency** \_\_\_\_\_

**Payment Terms** Cash

**Contact Person** Mr. Vinay Prasad

**Dir. Tel** 04-2674554 / 0507498625

**Email Id** accounts@epmdubai.com

**Guarantee Chq Detail** N /A

**VAT TRN** 100054663800003

### **Bank Reference**

**Bank Name** N/A

**Account Number** N/A      **Type** N/A



### **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: \_\_\_\_\_