



ACCOUNT OPENING FORM

Company Name: EXTOL INTERNATIONAL FZC

Address: WAREHOUSE E1-14, GATE NO-01
AJMAN FREEZONE
AJMAN ,UAE

Contact Person: Mr. EBIN JAMES

Tel: 067412990

Email: logistics@extolintl.com

Mob: 0547061346

Payment Information

Invoice Frequency After Job completion

Payment Terms 30 days

Contact Person Retheesh

Dir. Tel 067412990-ext 102

Email Id accounts@extolintl.com

Guarantee Chq Detail _____

VAT TRN 100349463800003

Bank Reference

Bank Name HABIB BANK AG ZURICH

Account Number 02-02-08-02-0311-10-50471-621 **Type** COMPANY ACCOUNT



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: EBIN JAMES

Designation: LOGISTICS IN CHARGE

Date: 30-MAY-2022

Signature

Company Stamp



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

Account Number: _____

Issued Date: _____