

CREDIT APPLICATION FORM

A. CUSTOMER DETAILS

A.1 Details of the Organization

Name: AI Genome International Scientific and Laboratory Products FZC		
Address: Industrial Area 15 Sharjah Muweileh Street Warehouse No.06		
City / Emirate: Sharjah		
Office Tel. # +971-6-535-7367	E-mail: operation@cgenomix.com	Web: https://www.cgenomix.com/ae/

Bank Details *

Name:	Dubai Islamic Bank
Branch:	Sharjah
Address:	Sharjah- Industrial area 15 Muleih street WH 6
Account No./ IBAN	AE17 0240 0075 2021 0374 601
Type of Account.	Current

A.2 Key Personnel / Authorized Signatory / Management*

Department	Name in Full	Designation	Email Id and Mobile Number
Finance	Midhun Nair	Accountant	accountant.uae@cgenomix.com
Procurement	Hakheem Kuttiparambil	Operation Officer	accounts.uae@cgenomix.com
Management			
Authorized Signatory	Mohammed Andi	CEO	m.andi@cgenomix.com

B. CREDIT - TERMS & CONDITIONS

B.1 Credit Facility Request

Credit Limit (AED) *	Payment Term (days)
50,000 AED	30 Days

must be 45 days

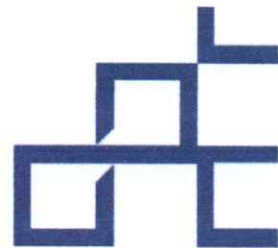
Credit Cycle*

1. Per Invoice*	<input checked="" type="checkbox"/>
2. Monthly Cycle**	<input type="checkbox"/>

*Credit Term starts from Invoice Date and is to be paid as and when it is due

**Monthly Credit Term – All invoices raised in a month is to be paid for in 1st week of following month

(*) Fields are mandatory to be filled



B.2 Authorized Signatory and Job Approver for PO / Email*

Role	Name in Full	Designation	Email Id and Mobile Number
Job Executor	Mohammed Andi	CEO	m.andi@cgenomix.com
Job Approver	Mohammed Andi	CEO	m.andi@cgenomix.com
Cheque Signatory	Mohammed Andi	CEO	m.andi@cgenomix.com

(*) Fields are mandatory to be filled

B.3 Documents to be attached

- Trade License Copy
- VAT TRN
- Passport Copy – Owner & Signatory

B.4 Customer Declaration

1. Company Name	Contact Person and Number
Address: Al Genome International Scientific and Laboratory Products FZC Sharjah- Industrial area 15 Muleih street WH 6	Hakheem Kuttiparambil +971 50 409 6050
Credit Limit (AED): 50,000 AED	
2. Company Name	Contact Person and Number
Address:	
Credit Limit (AED):	

B.5 Customer Declaration


I/ We certify that the above stated details are true and correct. I/We also hereby authorize Infinity Logistics to contact our bankers as mentioned above. I/We agree to settle invoices as per the payment term agreed by Infinity Logistics. In the case of any disputed invoices, the undisputed value will be settled according to the agreed terms set above and the dispute resolved within 7 days.

Any dispute will be governed by the law applicable in the United Arab Emirates and its jurisdiction.

Name of Authorized Person: Mohammed Andi

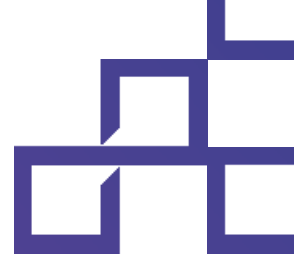
Designation in the Company: CEO

Signature



Company Stamp





Terms and Conditions

- All our invoices are presumed to be accurate unless we receive a written notification within seven days of receipt.
- The account facility will be suspended without prior notice in the following situations:
 - a. If the Invoice is not paid within the payment period stipulated above or as agreed upon.
- 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 of Account Facility Request
(to be completed by Infinity Logistics)

Approved by: _____ **Issued Date:** _____

