

CREDIT APPLICATION FORM

A. CUSTOMER DETAILS

A.1 Details of the Organization

| | | |
|---|------------------------------------|-------------------------------|
| Name: FRONTLINE OILFIELD EQUIPT & INST. TRON. LLC | | |
| Address: P.O Box 30220, ASMAN, UAE | | |
| City / Emirate: ASMAN. | | |
| Office Tel. # 067443722 | E-mail: admin@frontline-uae.com | Web: www.frontline-uae.com |

| Bank Details * | |
|-------------------|------------------------|
| Name: | BANK OF RAS AL KHAIMAN |
| Branch: | ASMAN |
| Address: | |
| Account No./ IBAN | 8192225484901 |
| Type of Account. | CURRENT. |

A.2 Key Personnel / Authorized Signatory / Management*

| Department | Name in Full | Designation | Email Id and Mobile Number |
|----------------------|--------------|-------------|----------------------------|
| Finance | RISO RASU | ACCOUNT. | accounts@frontline-uae.com |
| Procurement | | | |
| Management | | | |
| Authorized Signatory | | | |

B. CREDIT - TERMS & CONDITIONS

B.1 Credit Facility Request

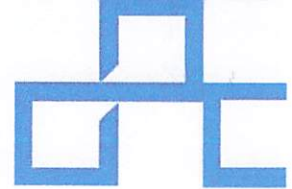
| Credit Limit (AED) * | Payment Term (days) |
|----------------------|---------------------|
| 15000 | 30 DAYS |

| Credit Cycle* | |
|--------------------|-------------------------------------|
| 1. Per Invoice* | <input type="checkbox"/> |
| 2. Monthly Cycle** | <input checked="" 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 | RISO RASU | ACCOUNTS. | |
| Job Approver | FABIAN LUIZ | OPERATIONS | fabian@frankline-uae.com |
| Cheque Signatory | MERLIN SMITHA | PARTNER | director@frankline-uae.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 | Frankline alfred Supr | Contact Person and Number |
| Address: | Inst-Trouille | FABIAN LUIZ |
| P.O Box 30220 ASMAN | | |
| Credit Limit (AED): | 15,000 | |
| 2. Company Name | | Contact Person and Number |
| Address: | | |
| Credit Limit (AED): | | |

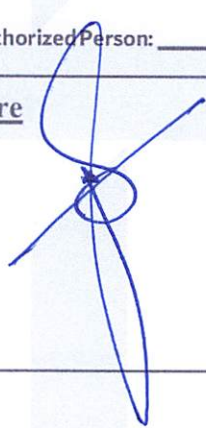
B.5 Customer Declaration

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.

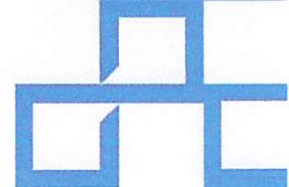
Name of Authorized Person: _____ Designation in the Company: _____

Signature



Company Stamp

OPERATIONS MANAGER.



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: _____

