

CREDIT APPLICATION FORM

A. CUSTOMER DETAILS

A.1 Details of the Organization

Company Name: <u>HORIZON MARINE SERVICES LLC</u>		
Full Address: <u>WARE HOUSE LAND 19, MALHA ROAD, SHARJAH</u>		
City / Emirate: <u>SHARJAH</u>		
Office Tel. # <u>050 738 2920</u> <u>042824538</u>	E-mail: <u>info@horizonmsuae.com</u>	Web: <u>Horizonmsuae.com</u>
Trade License No: <u>743455</u>		
VAT TRN: <u>100249425800003</u>		
Date of Formation: <u>05-10-2015</u>	Date of Expiry: <u>04-10-2025</u>	

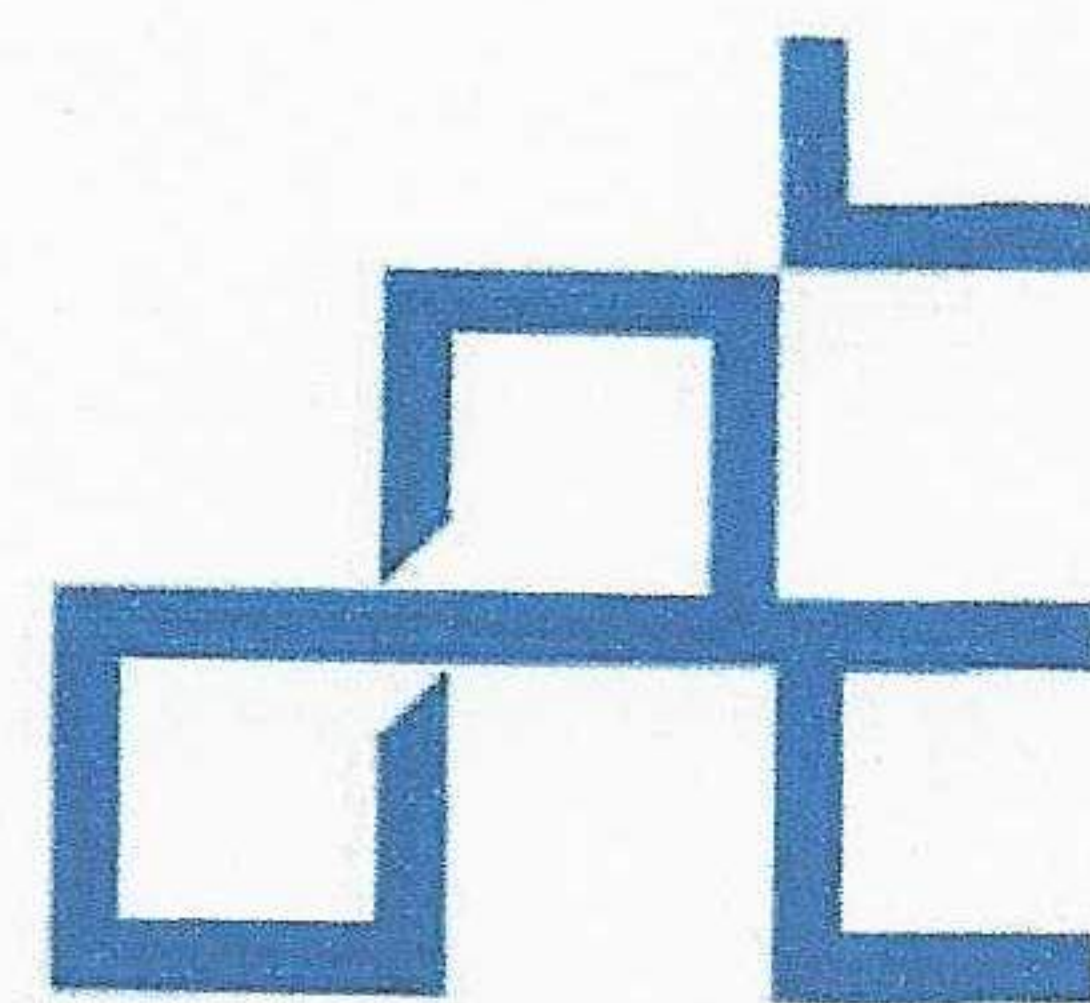
Bank Details *	
Bank Name:	<u>RAK BANK</u>
Branch:	<u>EMAAR BUSINESS PARK</u>
Bank Address:	<u>DUBAI</u>
Account No. / IBAN	<u>AE620400000292378359002</u>
Type of Account	<u>CURRENT</u>

A.2 Key Personnel / Authorized Signatory / Management*

Department	Name	Designation	Email Id	Mobile Number
Finance	<u>JUBI</u>	<u>ACCOUNTS</u>	<u>info@horizonmsuae.com</u>	<u>052 8910015</u>
Procurement				
Management	<u>SATHEESH</u>	<u>MANAGING DIRECTOR</u>	<u>info@horizonmsuae.com</u>	<u>050 374 38 31</u>
Authorized Signatory	<u>SATHEESH</u>	<u>MANAGING DIRECTOR</u>	<u>info@horizonmsuae.com</u>	<u>050 374 38 31</u>

A.3 Infinity Logistics Account Manager

Name:	<u>ROSHIN.T.K</u>
Contact Number:	<u>056549 9875</u>
Email ID	



B. CREDIT - TERMS & CONDITIONS

B.1 Credit Facility Request

Credit Limit (AED) *	Payment Term (days)
10000	30 DAYS

Credit Cycle* Per Invoice* <input type="checkbox"/> Monthly Cycle** <input checked="" type="checkbox"/>	Mode of Payment Bank Transfer <input checked="" type="checkbox"/> Cheque <input type="checkbox"/>
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*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

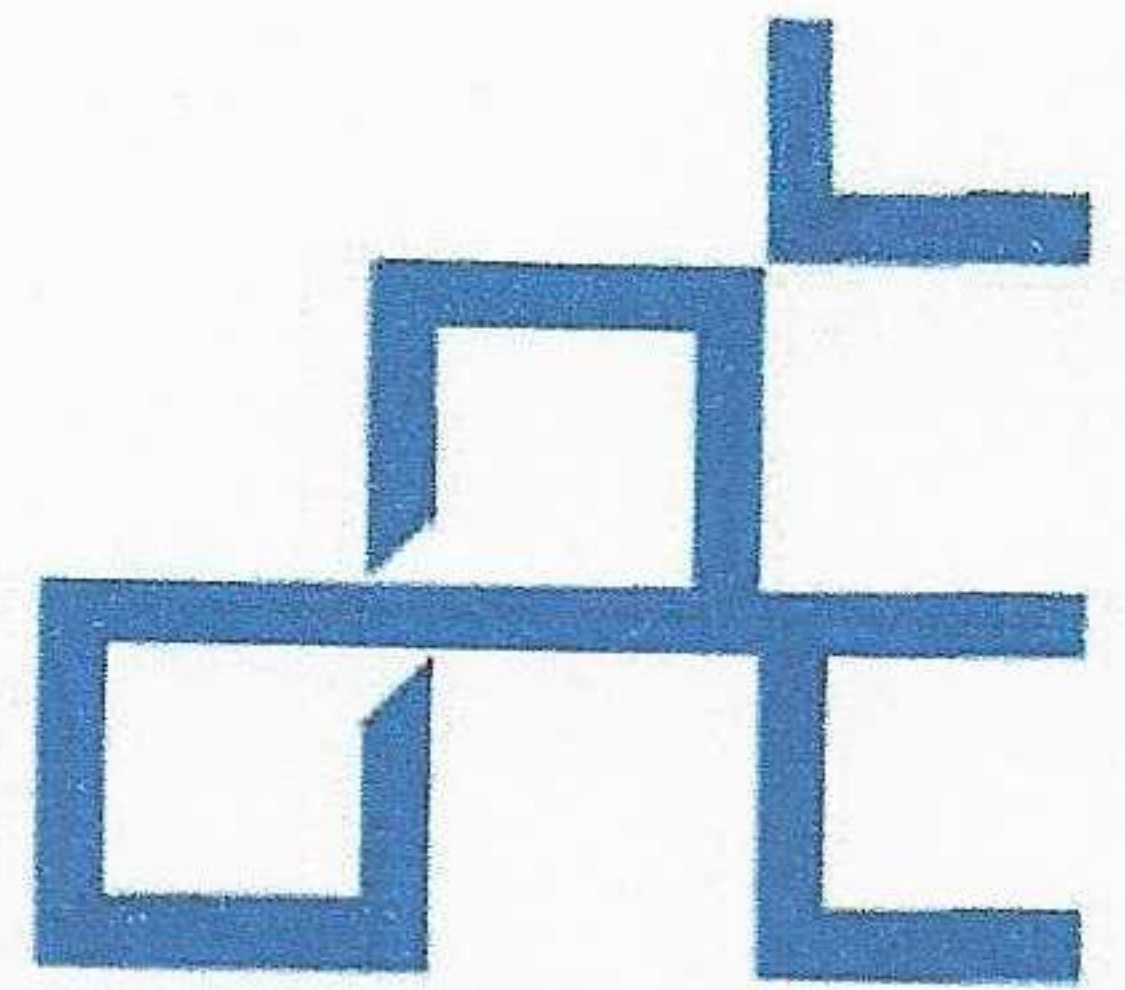
B.2 Authorized Signatory and Job Approver for PO / Email*

Role	Name	Designation	Email Id	Mobile Number
Job Approver	RAMEES	FINANCE & OPERATIONS	operations@horizonmsd.ae	0525195121
Authorized signatory	SATHEESH K G	M D	satheesh.kagampurath@horizonmsd.ae	0503743831

(*) Fields are mandatory to be filled

B.3 Supplier References – Payment Credibility

1. Company Name:	Contact Person and Number
Address:	
Credit Limit (AED):	
2. Company Name:	Contact Person and Number
Address:	
Credit Limit (AED):	



B.5 Customer Declaration

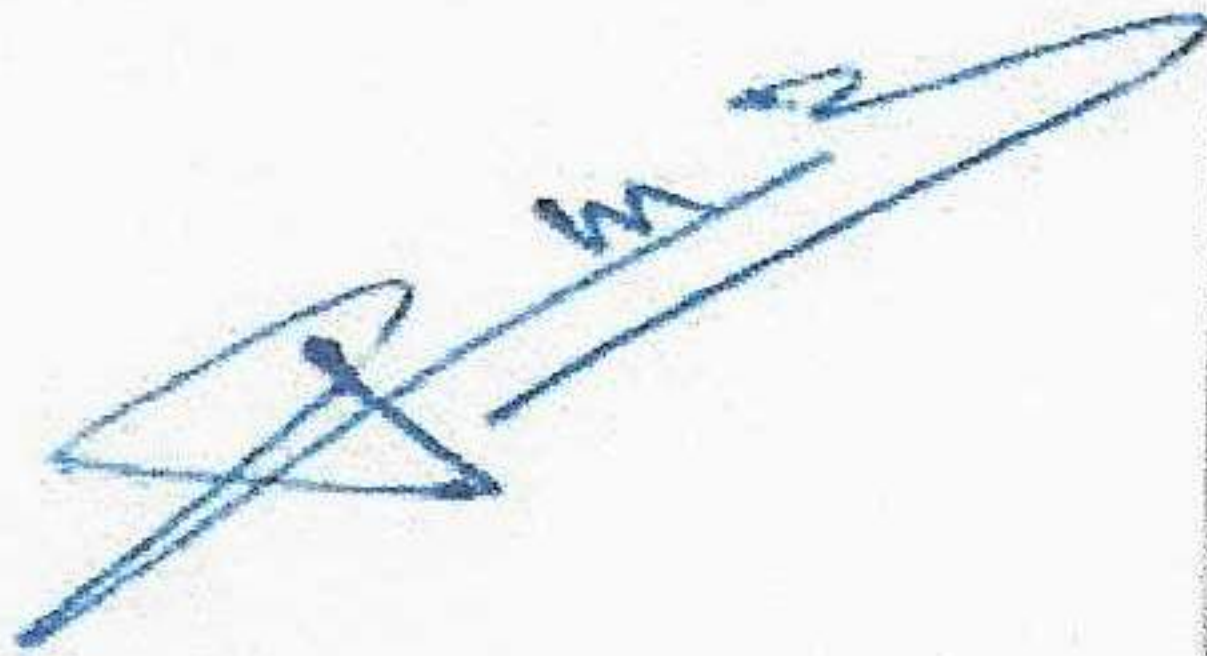
I/ We certify that the above stated details are true and correct. I/We also hereby authorize Infinity Logistics to contact our bankers as mentioned above. I/We agree to settle invoices as per the payment term agreed by Infinity Logistics. In the case of any disputed invoices, the undisputed value will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

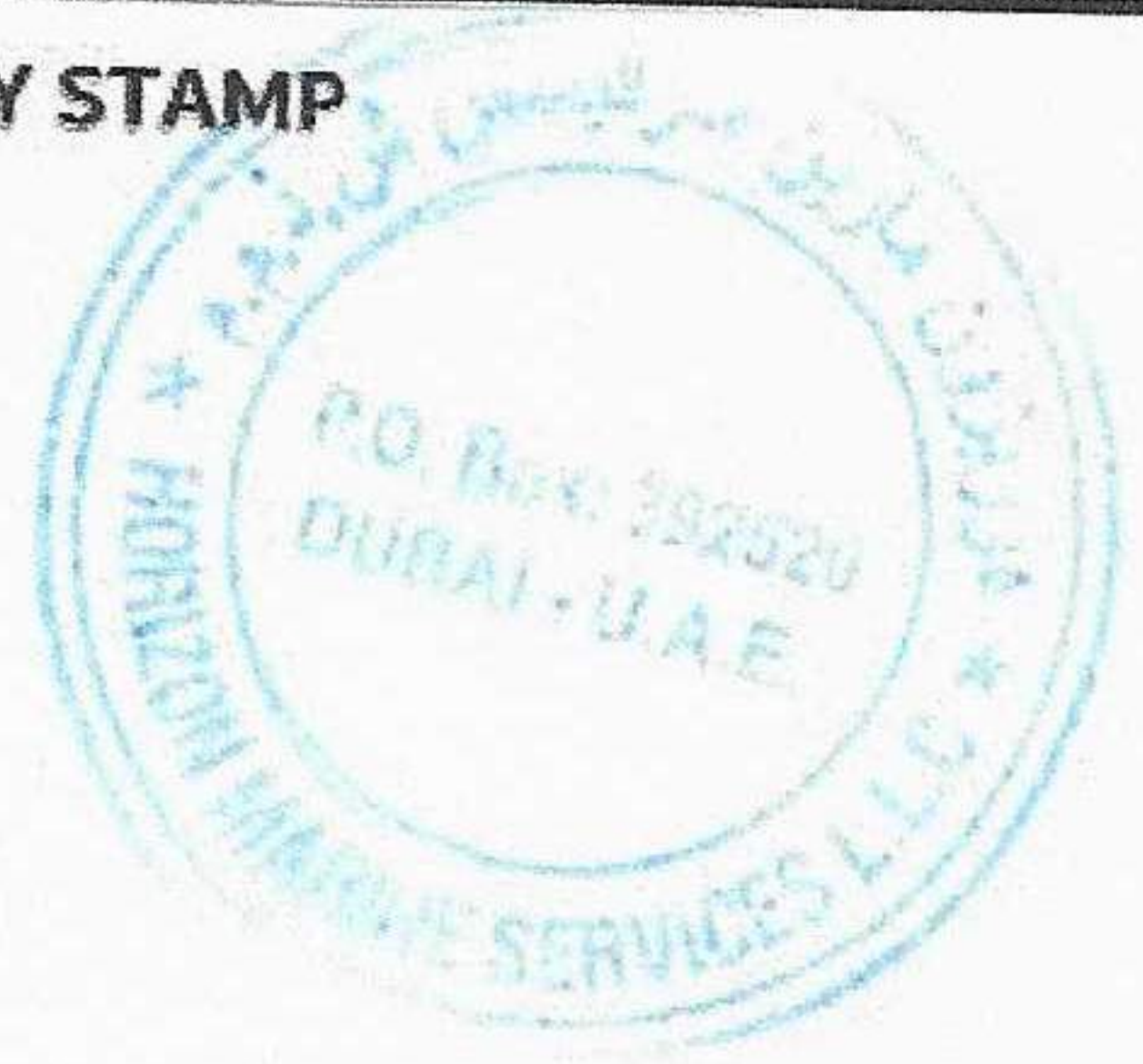
Name of Authorized Signatory:

Designation:

SIGNATURE



COMPANY STAMP




Terms and Conditions

- All our invoices are presumed to be accurate unless we receive a written notification within **7 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)

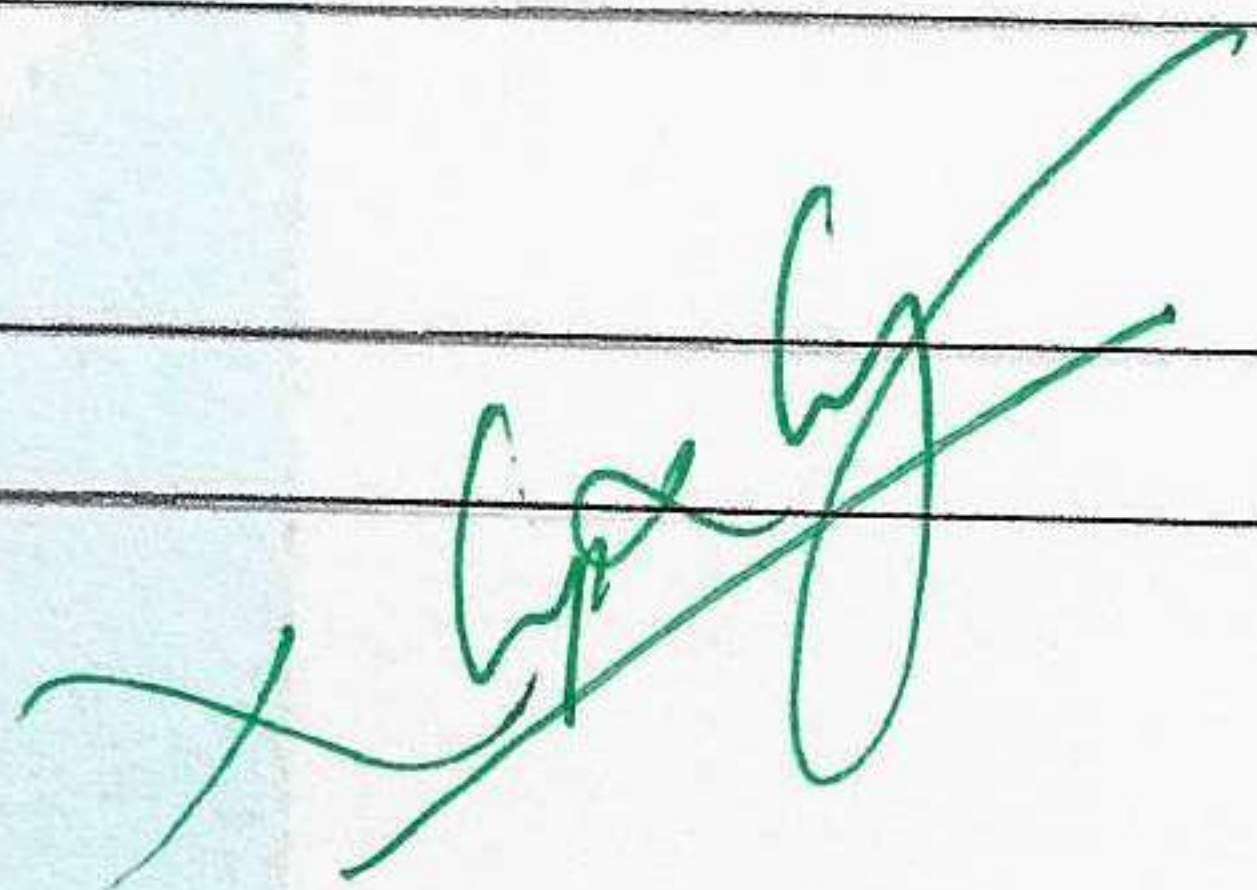
Sales

Approved by: 	Date: 06-01-2025
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Finance

Approved by:	Date: 10-Jan-
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Management

Approved by: 	Date: 10-Jan-2025
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