

CREDIT APPLICATION FORM

A. CUSTOMER DETAILS

A.1 Details of the Organization

Name: EMITRANS LOGISTICS LLC (BRANCH)		
Address: FZLP01AA08, PO BOX 111571 JEBEL ALI FREE ZONE DUBAI UAE		
City / Emirate: DUBAI		
Office Tel. # 04-3241367	E-mail: accounts1.ae@emitransdxb.com	Web: www.emitransdxb.com

Bank Details *	
Name:	ABU DHABI COMMERCIAL BANK PJSC
Branch:	
Address:	Abu Dhabi
Account No./ IBAN	13380785920002 / AE960030013380785920002
Type of Account.	Current Ac

A.2 Key Personnel / Authorized Signatory / Management*

Department	Name in Full	Designation	Email Id and Mobile Number
Finance	Mr. Nitheesh KTN	Accounts Man.	accounts.ae@emitransdxb.com / 0542470146
Procurement			accounts1.ae@emitransdxb.com / 0542474159
Management	Mr. ARIF ALRAHMA	Owner	
Authorized Signatory	Mr. Anil Kumar	Director Shipping Ops & Customs	anil.cp@emitransdxb.com / 0542470141

B. CREDIT - TERMS & CONDITIONS

B.1 Credit Facility Request

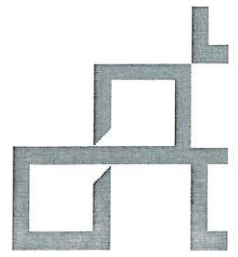
Credit Limit (AED) *	Payment Term (days)
60,000.00	30 Days

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	Mr. Rijoy Krishna		cs.seafrt@emitransdxb.com
Job Approver	Mr. Rajeev Menon		pricing.ae@emitransdxb.com
Cheque Signatory			

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

B.5 Customer Declaration

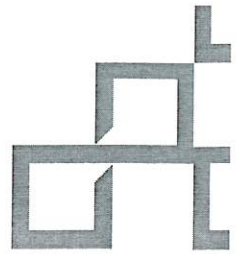
I/ We certify that the above stated details are true and correct. I/We also hereby authorize Infinity Logistics to contact our bankers as mentioned above. I/We agree to settle invoices as per the payment term agreed by Infinity Logistics. In the case of any disputed invoices, the undisputed value will 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 Person: Mr. Anil Kumar Designation in the Company: Director Shipping Ops & Customs

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: _____