



ACCOUNT OPENING FORM

Company Name: AL BASSAM INTERNATIONAL FACTORIES LLC.
Address: P.O BOX 7090
UM UL QUAIN
UAE
Contact Person: MOHAMED SHEREEF EV.
Tel: 06 746 8668
Email: Purchase@albassam.ae
Mob: 0507970210

Payment Information

Invoice Frequency _____
Payment Terms 90 DAYS CREDIT.
Contact Person MR. SHUJITH
Dir. Tel 067468668
Email Id accounts@albassam.ae
Guarantee Chq Detail _____
VAT TRN 100605437100003

Bank Reference

Bank Name ARAB BANK
Account Number 300461500300 Type _____



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: DR. SOUHEIL AL BASSAM

Designation: MANAGING DIRECTOR Date: _____

Signature

Company Stamp



Acceptance of Account Facility Request To be completed by INFINITY LOGISTICS

Account Number: _____

Issued Date: _____