



ACCOUNT OPENING FORM

Company Name: HAWA FREIGHT LOGISTICS FZE.

Address: SAIF ZONE - OFFICE 61-Z3
PO Box - 48524

Contact Person: Ms. WAJHA

Tel: 06-5319282

Email: wajha@hawafreight.com

Mob: _____

Payment Information

Invoice Frequency _____

Payment Terms 30 days from date of invoice

Contact Person Ms. Wajha

Dir. Tel 06-5319282

Email Id wajha@hawafreight.com

Guarantee Chq Detail _____

VAT TRN 100546717800003

Bank Reference

Bank Name SHARJAH ISLAMIC BANK.

Account Number 0012061355001

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: N. MOHAMED SALEEM
Designation: GENERAL MANAGER Date: 13/10/2020

Signature

Company Stamp



**Acceptance of Account Facility Request
To be completed by INFINITY LOGISTICS**

Account Number: _____

Issued Date: _____