



## ACCOUNT OPENING FORM

Company Name: XTREMITY PROSTHETICS AND ORTHOTICS  
Address: S03, WASL PORT VIEW BUILDING 1,  
AL-MINA, JUMEIRAH 1,  
DUBAI - UAE.  
Contact Person: FAIZAL KHAN  
Tel: +971 52 3707 379  
Email: ~~XXXX~~ info@xtremity.ae  
Mob: +971 42540777

### Payment Information

Invoice Frequency NA  
Payment Terms 30 days Credit from the date of Delivery  
Contact Person FAIZAL KHAN  
Dir. Tel +971 42540777  
Email Id info@xtremity.ae  
Guarantee Chq Detail \_\_\_\_\_  
VAT TRN 10045397460003

### Bank Reference

Bank Name ADCB  
Account Number 12159003920001 Type CURRENT ACC



### 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: MOHAMED FAIZAL KHAN

Designation: ADMIN EXECUTIVE Date: 30-10-2023

Signature

Company Stamp



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

Account Number: \_\_\_\_\_

Issued Date: \_\_\_\_\_