



ACCOUNT OPENING FORM

Company Name: AALTO MARINE SERVICES LLC

Address: 407 ARENCO OFFICE BUILDING NO 4
DIP 1, DUBAI, UAE
PO BOX 415850

Contact Person: PETER S. VALLES

Tel: 048245117

Email: CARGO@AALTOMARINE.COM

Mob: 0566892333

Payment Information

Invoice Frequency MONTHLY

Payment Terms 30 day

Contact Person PETER S VALLES

Dir. Tel 048245117

Email Id PETER@AALTOMARINE.COM

Guarantee Chq Detail _____

VAT TRN _____

Bank Reference

Bank Name NBF

Account Number AE880380000012001583997 **Type** AED



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: PETER S VALLES

Designation: GENERAL MANAGER

Date: 3/2/2021

Signature

A handwritten signature in blue ink, appearing to read "Peter S Valles", is written over a light blue grid background.

Company Stamp



Acceptance of Account Facility Request To be completed by INFINITY LOGISTICS

Account Number: _____

Issued Date: _____