



## ACCOUNT OPENING FORM

Company Name: MODAWINA MEDICAL EQUIPMENT TRADING CO. LLC

Address: UNIT 405 99 OLD METHA BUILDING, OLD METHA ST. DUBAI, UAE

\_\_\_\_\_

\_\_\_\_\_

Contact Person: MOHAMMED NS ABUFRUKH

Tel: 02-5571647

Email: msubhi@modawinamedical.com

Mob: 058-8209000

### Payment Information

Invoice Frequency \_\_\_\_\_

Payment Terms 15 days Credit from the date of Delivery

Contact Person MARIA KATHRINA T. ABAGAT

Dir. Tel 04-3885894

Email Id mabagat@modawinamedical.com

Guarantee Chq Detail \_\_\_\_\_

VAT TRN 100300545900003

### Bank Reference

Bank Name EMIRATES NBD

Account Number 1014670837301

Type CURRENT ACCOUNT



### 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: \_\_\_\_\_

Designation: \_\_\_\_\_

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

Signature

Company Stamp



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

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

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