



ACCOUNT OPENING FORM

Company Name: PRINTECH MIDDLE EAST LLC
Address: WH7 MADAM ZULEKHAWH, BEHIND
AJMAN MEDICAL CENTRE, ALSALAM STREET
INDUSTRIAL AREA1, AJMAN, UAE
Contact Person: DEEPAN ROY
Tel: 065243737
Email: logistics@printechme.com
Mob: 0526463040

Payment Information

Invoice Frequency: MONTHLY, INVOICES FROM 1-30th WILL BE PAID BY 25th OF NEXT MONTH
Payment Terms: 30 days
Contact Person: HASNAIN LOKHANDWALA
Dir. Tel: 065243737
Email Id: accounts@printechme.com
Guarantee Chq Detail: _____
VAT TRN: 100000716900003

Bank Reference

Bank Name: ENBD
Account Number: 1014011971702 Type: AED 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: DEEPAN ROY

Designation: INCHARGE - PURCHASE & LOGISTICS Date: 25.05.2022

Signature

Company Stamp



Acceptance of Account Facility Request
To be completed by INFINITY LOGISTICS

Account Number: _____

Issued Date: _____