

CREDIT APPLICATION FORM

A. CUSTOMER DETAILS

A.1 Details of the Organization

Name: BLACKSTONE LOGISTICS LLC		
Address: OFFICE 119 AL FAJER BUILDING ,AL GARHOUD , Airport road		
City / Emirate: DUBAI ,UAE		
Office Tel. # +97143999876	E-mail: p.bharat@blackstoneshipping.com	Web: www.blackstoneshipping.com

Bank Details *

Name:	EMIRATES NBD BANK PJSC
Branch:	BANIYAS ROAD, DEIRA, DUBAI, UAE
Address:	BANIYAS ROAD, DEIRA, DUBAI, UAE
Account No./ IBAN	AE060260001025811442702 / SWIFT/BIC- EBILAEAD
Type of Account.	-

A.2 Key Personnel / Authorized Signatory / Management*

Department	Name in Full	Designation	Email Id and Mobile Number
Finance	Mr. Vimal Joe P	Asst Manager	ap.intl@blackstoneshipping.com>
Procurement	Ms Asiya	Asst Manager	s.asiya@blackstoneshipping.com
Management	Mr. Bharat Patel	Country Head	p.bharat@blackstoneshipping.com
Authorized Signatory	Mr. Arun Prakash	CEO	a.arun@blackstoneshipping.com

B. CREDIT - TERMS & CONDITIONS

B.1 Credit Facility Request

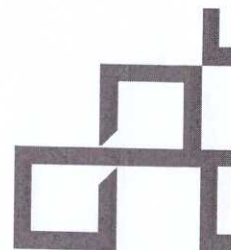
Credit Limit (AED) *	Payment Term (days)
10000	30 Days

Credit Cycle*	
1. Per Invoice*	<input checked="" type="checkbox"/>
2. Monthly Cycle**	<input type="checkbox"/>

*Credit Term starts from Invoice Date and is to be paid as and when it is due

**Monthly Credit Term – All invoices raised in a month is to be paid for in 1st week of following month

(*) Fields are mandatory to be filled


B.2 Authorized Signatory and Job Approver for PO / Email*

Role	Name in Full	Designation	Email Id and Mobile Number
Job Executor	Ms. Asiya Sharief	Asst Manager	s.asiya@blackstoneshipping.com
Job Approver	Mr. Bharat Patel	Country Head	p.bharat@blackstoneshipping.com
Cheque Signatory	Mr. Arun Prakash	CEO	a.arun@blackstoneshipping.com

(*) Fields are mandatory to be filled

B.3 Documents to be attached

- Trade License Copy
- VAT TRN
- Passport Copy – Owner & Signatory

B.4 Customer Declaration

1. Company Name	Contact Person and Number
Address: OFFICE 119 AL FAJER BUILDING , AL GARHOUD , Airport road	Mr. Bharat Patel p.bharat@blackstoneshipping.com +971 58 273 7727
Credit Limit (AED):	
2. Company Name	Contact Person and Number
Address:	
Credit Limit (AED):	

B.5 Customer Declaration


I/ We certify that the above stated details are true and correct. I/We also hereby authorize Infinity Logistics to contact our bankers as mentioned above. I/We agree to settle invoices as per the payment term agreed by Infinity Logistics. In the case of any disputed invoices, the undisputed value will be settled according to the agreed terms set above and the dispute resolved within 7 days.

Any dispute will be governed by the law applicable in the United Arab Emirates and its jurisdiction.

Name of Authorized Person: _____

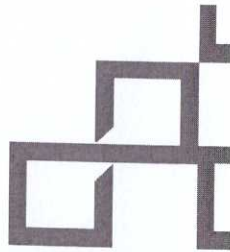
Designation in the Company: _____

Signature



Company Stamp





Terms and Conditions

- All our invoices are presumed to be accurate unless we receive a written notification within seven days of receipt.
- The account facility will be suspended without prior notice in the following situations:
 - a. If the Invoice is not paid within the payment period stipulated above or as agreed upon.
- 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 of Account Facility Request

(to be completed by Infinity Logistics)

Approved by: _____ **Issued Date:** _____