



INFINITY LOGISTICS

ACCOUNT OPENING FORM

Company Name: SOHAIL KASHID AUTO. MAINT. WSHOP

Address: #11, SAJJAR.
SHARJAH, U.A.E

Contact Person: SURESH IMRAN KASHID.

Tel: 971 50 2970743

Email: rayansrides@gmail.com.

Mob: 971 50 2970743

Payment Information

Invoice Frequency _____

Payment Terms 30 days Credit from the date of Delivery

Contact Person _____

Dir. Tel _____

Email Id _____

Guarantee Chq Detail _____

VAT TRN 100575143100003

Bank Reference

Bank Name _____

Account Number _____

Type _____



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: SHEEJAN SMDAN KASHIP
Designation: CEO Date: 30/07/23.

Signature

Company Stamp

Acceptance of Account Facility Request
To be completed by INFINITY LOGISTICS

Account Number: _____ Issued Date: _____