

CREDIT APPLICATION FORM

A. CUSTOMER DETAILS

A.1 Details of the Organization

Company Name: ZEAL ACOUSTICS SOLUTIONS LLC		
Full Address: DIP		
303, CITY AVENUE DEIRA, OPP. DEIRA CITY CENTRE, THE TRISTAR BLDG		
City / Emirate: PO BOX: 34988, Dubai, UAE.		
Office Tel. #	E-mail: jaspal@zacoustics.com.au	Web: www.zacoustics.com.au
+971 4 262 8666	+971 50 641 4757	

Trade License No : 1445785	
VAT TRN : 104803649300003	
Date of Formation: 11/12/2024	
Date of Expiry 10/12/2025	

Bank Details *

Bank Name:	MASHREQ BANK
Branch:	NOUJUM HOTEL APARTMENTS
Bank Address:	NOUJUM HOTEL APT. 4E, ABU BAKR AL SEDDIQ RD, AL NOUJUM APARTMENTS
Account No./IBAN	019101611763
Type of Account	NFO BIZ EXPRESS ACCOUNT

A.2 Key Personnel / Authorized Signatory / Management *

Department	Name	Designation	Email Id	Mobile Number
Finance	JASPAL SINGH	MD	jaspal@zacoustics.com.au	+971 50 641 4757
Procurement	JASPAL SINGH	MD	jaspal@zacoustics.com.au	+971 50 641 4757
Management	JASPAL SINGH	MD	jaspal@zacoustics.com.au	+971 50 641 4757
Authorized Signatory	JASPAL SINGH	MD	jaspal@zacoustics.com.au	+971 50 641 4757

A.3 Infinity Logistics Account Manager

Name:	LIBIN JOSE
Contact Number:	+971555060431
Email ID	libin@infinitylogisticsme.com

B. CREDIT - TERMS & CONDITIONS

B.1 Credit Facility Request

Credit Limit (AED) *	20000 10000
Payment Term (days)	15 DAYS 30 days

Credit Cycle*	<input type="checkbox"/> Per Invoice*
	<input checked="" type="checkbox"/> Monthly Cycle**
Mode of Payment	<input type="checkbox"/> Bank Transfer
	<input type="checkbox"/> Cheque

*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	Designation	Email Id	Mobile Number
Job Approver	JASPAL SINGH	MD	jaspal@zacoustics.com.au,	+971 50 641 4757
Authorized Signatory	JASPAL SINGH	MD	jaspal@zacoustics.com.au,	+971 50 641 4757

(*) Fields are mandatory to be filled

B.3 Supplier References – Payment Credibility

1. Company Name: Quick Furniture Ind. LLC Address: Industrial Area 5, P.O. Box 36670, Cricket Stadium Road, Sharjah. Credit Limit (AED): 100,000/-	Contact Person and Number: Mr. Lakhwinder Singh Mobile: +971 50 366 1276 Tel: +971 6 543 2901 Email: quickfurnitureindustries@outlook.com
2. Company Name: Lavenir Metal Coating LLC Address: Modern Emirates Ind. Area, P.O. Box: 1532 Umm Al Thaob, UAQ. Credit Limit (AED): 150,000/-	Contact Person and Number Mr. Madhu Nair Mobile: +971 50 162 6206 Tel: +971 6 767 1016 Email: laveniruaq@gmail.com

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 Signatory: JASPAL SINGH

SIGNATURE

Jaspal Singh

Designation: MD

COMPANY STAMP

Terms and Conditions

All our invoices are presumed to be accurate unless we receive a written notification within **7 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 the U.A.E.

Acceptance of Account Facility Request
(To be completed by Infinity Logistics)

Sales	Finance	Management
Approved by: <i>[Signature]</i> Date: 31-01-2025	Approved by: <i>[Signature]</i> Date: 03-02-2025	Approved by: _____ Date: _____