



ACCOUNT OPENING FORM

Company Name: INDIGO SHIPPING SERVICES LLC

Address: 201/6 The Square Bldg
Next to Movenpick Hotel
Al Mamzar, Dubai, UAE

Contact Person: Suraj K Deepu

Tel: 971 4 2223137

Email: suraj@indigoshippingdxb.com

Mob: 971504678986

Payment Information

Invoice Frequency Per Shipment

Payment Terms 7 Days

Contact Person ms Ambili menon

Dir. Tel 0523144653

Email Id operations@indigoshippingdxb.com

Guarantee Chq Detail _____

VAT TRN 100285491500003

Bank Reference

Bank Name Rak Bank

Account Number 0003309954001 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 aforementioned 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: Aby 1th Chandran

Designation: operation Executive Date: _____

Signature

Company Stamp



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

Account Number: _____

Issued Date: _____