



INFINITY LOGISTICS

ACCOUNT OPENING FORM

Company Name: Falcon Laboratory LLC

Address: Near Dubai Municipality Nursery
Al Warsan Third, P.O. Box: 231494,
Dubai, United Arab Emirates

Contact Person: Siju Varghese

Tel: _____

Email: purchase@falcongrouple.com

Mob: +971 52 103 2619

Payment Information

Invoice Frequency _____

Payment Terms 30 days Credit from the date of Delivery

Contact Person Hassan

Dir. Tel _____

Email Id accounts@falconlabuae.com

Guarantee Chq Detail _____

VAT TRN _____

Bank Reference

Bank Name _____

Account Number _____ **Type** _____



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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: Naushad Haneefa

Designation: General Manager

Date: 26/04/2024

Signature

Company Stamp



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

Account Number: _____

Issued Date: _____