



ACCOUNT OPENING FORM

Company Name: Medicom Distribution FZE
Address: Ajman Free Zone
WH LI-07
Gate 1
Contact Person: Marika Cuaresma
Tel: 06-7454194
Email: info@medicom-grp.com
Mob: _____

Payment Information

Invoice Frequency Monthly
Payment Terms 45 ~~30~~ days Credit from the date of Delivery
Contact Person Fekry Fouad
Dir. Tel 06-7454194
Email Id acpayable@medicom-grp.com
Guarantee Chq Detail _____
VAT TRN 100570356400003

Bank Reference

Bank Name Emirates NBD
Account Number 1014059423104 Type Current Account



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:

Nexar Al Ali

Designation:

General Manager

Date: 13-04-2022

Signature

Company Stamp



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

Account Number: _____

Issued Date: _____