



## ACCOUNT OPENING FORM

Company Name: AL SHIHAB AL THAHABI TECH. TR. CO .LLC

Address: PO BOX 30681, SHARJAH

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Contact Person: ASLAM THAIKKANDY

Tel: 065568301 \* 109

Email: aslam@thahabi.ae

Mob: 0507875394

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### Payment Information

Invoice Frequency Not above Aed 7,000/-

Payment Terms 30 days Credit from the date of Invoice

Contact Person NIDHIN ZACHARIAH

Dir. Tel 065568301 \* 111

Email Id nidhin@thahabi.ae

Guarantee Chq Detail \_\_\_\_\_

VAT TRN 100364376200003

### Bank Reference

Bank Name ADCB

Account Number 9285922 44 001

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: ASLAM THAIKKANDY

Designation: SALES SUPPORT Date: 21-01-2022

#### **Signature**

A handwritten signature in blue ink, appearing to be "ASLAM", written over a blue circular stamp.

#### **Company Stamp**



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

Account Number: \_\_\_\_\_ Issued Date: \_\_\_\_\_