

## CREDIT APPLICATION FORM

### A. CUSTOMER DETAILS

#### A.1 Details of the Organization

Name: <b>A B M GLOBAL SHIPPING LLC</b>		
Address: <b>PO BOX :119753 , FZS1 AM09 (BLUE SHED) , JAFZA SOUTH, DUBAI</b>		
City / Emirate: <b>DUBAI</b>		
Office Tel. # <b>043300595</b>	E-mail: <b>HARIS@ABM-Global.com</b>	Web: <b>www.ABM-Global.com</b>

#### Bank Details \*

Name:	<b>ADCB BANK</b>
Branch:	
Address:	<b>Khalid Bin Al Waleed Street</b>
Account No./ IBAN	<b>AE3400 300 1255 8205 820 002</b>
Type of Account:	

#### A.2 Key Personnel / Authorized Signatory / Management\*

Department	Name in Full	Designation	Email Id and Mobile Number
Finance	<b>MOHAMMED HAFIS</b>	<b>ACCOUNTANT</b>	<b>accounts@abm-global.com 052 336 5127</b>
Procurement			
Management	<b>HARIS AHMAD</b>	<b>ACCOUNTS MANAGER</b>	<b>HARIS@ABM-Global.com 043300595</b>
Authorized Signatory			

### B. CREDIT - TERMS & CONDITIONS

#### B.1 Credit Facility Request

Credit Limit (AED) *	Payment Term (days)
<b>50000</b>	<b>30 Days</b>

#### Credit Cycle\*

1. Per Invoice*	<input checked="" type="checkbox"/>
2. Monthly Cycle**	<input type="checkbox"/>

\*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 1<sup>st</sup> week of following month

(\*) Fields are mandatory to be filled



## B.2 Authorized Signatory and Job Approver for PO / Email\*

Role	Name in Full	Designation	Email Id and Mobile Number
Job Executor	SHIBIN SHIYAS	Sales Coordinator	shibin@ABM-Global.com
Job Approver	NAJEEMSHA	Key Account Manager	NAJEEMSHA@ABM-Global.com
Cheque Signatory	Haris Ahmad	Accounts Manager	Haris@abm-Global.com

(\*) Fields are mandatory to be filled

## B.3 Documents to be attached

- Trade License Copy
- VAT TRN
- Passport Copy – Owner & Signatory

## B.4 Customer Declaration

<b>1. Company Name</b>	<b>Contact Person and Number</b>
Address:	
Credit Limit (AED):	
<b>2. Company Name</b>	<b>Contact Person and Number</b>
Address:	
Credit Limit (AED):	

## 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 Person: HARIS AHAMMED

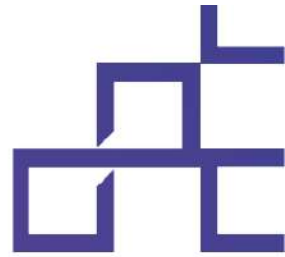
Designation in the Company: ACCOUNTS MANAGER

Signature



Company Stamp





Terms and Conditions

- All our invoices are presumed to be accurate unless we receive a written notification within seven 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 U.A.E.

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

**Approved by:** \_\_\_\_\_ **Issued Date:** \_\_\_\_\_

