



ACCOUNT OPENING FORM

Company Name: HOGI GENERAL TRADING LLC
Address: P.O. Box 80945, RM 104,
AWAD AL HAT BUILDING,
DEIRA, HOR AL ANZ, DUBAI - UAE
Contact Person: M.S. SHARMILA SHERIF
Tel: 04 272 2070
Email: admin@hogeranes.com
Mob: 0505123857

Payment Information

Invoice Frequency _____
Payment Terms 30 days Credit from the date of Delivery
Contact Person Ms. Sharmila Sherif
Dir. Tel 04272 2070
Email Id admin@hogeranes.com
Guarantee Chq Detail _____
VAT TRN 100248908400003

Bank Reference

Bank Name DUBAI ISLAMIC
Account Number 097520209625401 Type _____



INFINITY LOGISTICS

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: Mr. Muzatter Uddin Salman mohammed
Designation: General Manager Date: 15-06-2023

Signature

Company Stamp



Acceptance of Account Facility Request
To be completed by INFINITY LOGISTICS

Account Number: _____ Issued Date: _____