



ACCOUNT OPENING FORM

Company Name: METALLIC EQUIPMENT COMPANY LLC

Address: BLDG. NO. 648 (OPPOSITE OF BURJEEL HOSPITAL)
C169 EAST 2/18 FATIMA BINT MUBARAK ST.
P.O. BOX 548, ABU DHABI, UAE

Contact Person: ULLAS JOSEPH - SENIOR LOGISTICS COORDINATOR

Tel: 02 499 1531

Email: logistics@megroup.ae

Mob: 055 899 4712

Payment Information

Invoice Frequency: Weekly (PDF format by email)
AGREED CREDIT ON FREIGHT IS 60 DAYS

Payment Terms: AGREED CREDIT ON CUSTOM DUTY is 15 DAYS

Contact Person: AHMAD SERAG - SENIOR ACCOUNTANT

Dir. Tel: 02 634 4764-551

Email Id: office@megroup.ae; ahmad.serag@megroup.ae;

Guarantee Chq Detail: _____

VAT TRN: 100332953700003

Bank Reference

Bank Name: MASHREQ BANK

Account Number: 010990238445 Type: CORPORATE



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.

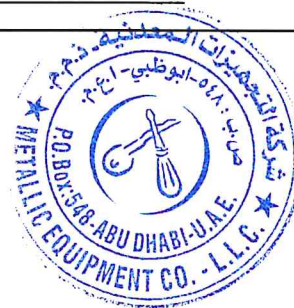
Name: M HUSSAM KAHALLEH

Designation: _____ Date: 23/06/2021

Signature

A handwritten signature in blue ink, appearing to be "M. Hussam Kahalleh", written over a horizontal line.

Company Stamp



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

Account Number: _____ Issued Date: _____