



ACCOUNT OPENING FORM

Company Name: AGMA LOGISTICS LLC

Address: OFFICE # 203, AL ZAMALEK BUILDING. AL HUDA,
AL JURF 3, AJMAN - UAE

Contact Person: MAZHAR HUSSAIN

Tel: 06-7661350

Email: ACCOUNTS@AGMALOGISTICS.COM

Mob: +971 50 170 2839

Payment Information

Invoice Frequency MONTHLY

Payment Terms 30 Days from the Date of Invoice

Contact Person MUHAMMAD TAJAMMAL

Dir. Tel 06-7661350

Email Id CREDITCONTROL@AGMALOGISTICS.COM

Guarantee Chq Detail _____

VAT TRN 100536178500003

Bank Reference

Bank Name RAK BANK

Account Number 0192855215001 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: **MAZHAR HUSSAIN**

Designation: **FINANCE MANAGER**

Date: **AUG 09, 2022**

Signature

Company Stamp



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

Account Number: _____

Issued Date: _____