



INFINITY LOGISTICS

ACCOUNT OPENING FORM

Company Name: HIGHFIELD AWARDING BODY FOR COMPLIANCE MIDDLE EAST ASIA

Address: BUILDING 47, OFFICE 107, 3ST FLOOR, DUBAI
HEALTH CARE CITY, DUBAI,
UNITED ARAB EMIRATES, JDS172

Contact Person: UMAIRA KHALID

Tel: 044494042

Email: ukhalid@highfieldinternational.com

Mob: 0502621253

Payment Information

Invoice Frequency _____

Payment Terms 30 days Credit from the date of Delivery

Contact Person UMAIRA KHALID

Dir. Tel +97144494042

Email Id ukhalid@highfieldinternational.com

Guarantee Chq Detail _____

VAT TRN 100034595700003

Bank Reference

Bank Name EMIRATES NBD - AED

Account Number 1015826936501 **Type** CURRENT ACCOUNT



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:

UMAIRA KHALID

Designation:

Centre Manager

Date:

22/6/23

Signature

Company Stamp



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

Account Number: _____

Issued Date: _____