



ACCOUNT OPENING FORM

Company Name: Waves Group
Address: Q3-III, Saif Zone
Sharjah

Contact Person: Nazim
Tel: +971 6 5578157
Email: NAZ@wavesme.com
Mob: 052-5118087

Payment Information

Invoice Frequency _____
Payment Terms 15 Days of credit from the days of delivery
Contact Person Alvina
Dir. Tel +971 6 5578157
Email Id Alv@wavesme.com
Guarantee Chq Detail _____
VAT TRN 100259181400003

Bank Reference

Bank Name Mashreq
Account Number 019100089722 Type BUSINESS 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: Alvina Raphael

Designation: Office Manager Date: _____

Signature

Alvina

Company Stamp



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

Account Number: _____ Issued Date: _____