



## **ACCOUNT OPENING FORM**

**Company Name:** Everbridge Shipping LLC

**Address:** Office # 308, 3rd floor,  
Office Court Building, Oud Metha,  
Dubai, U.A.E

**Contact Person:** Abdul Nafay / Althaf / Mudassar

**Tel:** 971 4 343 8484

**Email:** mudassar@everbridgeshipping.com / abdul@everbridgeshipping.com

**Mob:** Abdul - 971 56 511 8687 / Althaf - 971 56 509 5757

### **Payment Information**

**Invoice Frequency** Per Shipment

**Payment Terms** 15 Days

**Contact Person** MUDASSAR SHAIKH

**Dir. Tel** 971 50 894 8482

**Email Id** mudassar@everbridgeshipping.com

**Guarantee Chq Detail** N/A

**VAT TRN** 100378418600003

### **Bank Reference**

**Bank Name** ABU DHABI COMMERCIAL BANK

**Account Number** 10599329244001 **Type** CURRENT



#### 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 aforementioned 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: ALTHAF BADARUDEEN

Designation: AIR FREIGHT MANAGER

Date: 05/06/2024

Signature

A handwritten signature in black ink, appearing to be "Althaf Badarudeen", written over a light blue grid background.

Company Stamp



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

Account Number: \_\_\_\_\_

Issued Date: \_\_\_\_\_