



ACCOUNT OPENING FORM

Company Name: SNS HAUTE COUTURE LLC
Address: #113, ROYAL CLASS BLDG,
17th STREET, GREEN COMMUNITY VILLAGE,
DIP 1, PO BOX NO: 251997, DUBAI, UAE.
Contact Person: RAJANI BINIL
Tel: _____
Email: rajani@snsgroup.eu
Mob: 0582434471

Payment Information

Invoice Frequency _____
Payment Terms 60 days Credit from the date of Delivery
Contact Person MR. SUJITH.
Dir. Tel _____
Email Id Sujith@snsgroup.eu
Guarantee Chq Detail _____
VAT TRN 100249962000003.

Bank Reference

Bank Name ADCB
Account Number 758575124001 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: Rajani Velayudhan

Designation: Logistics and Procurement Manager Date: 11/6/24

Signature

Company Stamp



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

Account Number: _____

Issued Date: _____