

## CREDIT APPLICATION FORM

### A. CUSTOMER DETAILS

#### A.1 Details of the Organization

Company Name: ARVI INTERNATIONAL SHIPPING LLC		
Full Address: AL MUSALLA TOWER, SUIT NO 602, AL FAHIDI, BUR DUBAI, DUBAI, UAE.		
City / Emirate: DUBAI		
Office Tel.+97143864592	E-mail: kiran@arvishipping.com	Web: www.arvishipping.com

Trade License No : 787751	
VAT TRN : 100346989500003	
Date of Formation:1/1/2018	Date of Expiry 2/8/2025

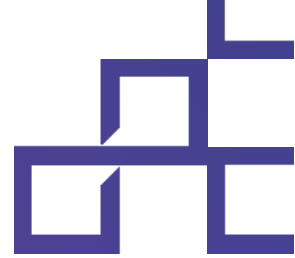
Bank Details *	
Bank Name:	RAK BANK
Branch:	BUR DUBAI
Bank Address:	BUR DUABI, DUBAI, UAE
Account No./ IBAN	0332593066001 / AE23 0400 0003 3259 3066 001
Type of Account	

#### A.2 Key Personnel / Authorized Signatory / Management\*

Department	Name	Designation	Email Id	Mobile Number
Finance	ASHA DEVIDAS	ACCOUNTS	accounts@arvishipping.com	+91 9746405601
Procurement	MANU MOHAN	OPERATION MANAGER	info@arvishipping.com	+971 504019272
Management	KIRAN RAMANAN	MANAGING DIRECTOR	kiran@arvishipping.com	+971 554404367
Authorized Signatory	KIRAN RAMANAN	MANAGING DIRECTOR	kiran@arvishipping.com	+971 554404367

#### A.3 Infinity Logistics Account Manager

Name:	SREEJITH HARIDAS
Contact Number:	971-509698007
Email ID	sreejith@infinitylogisticsme.com



## B. CREDIT - TERMS & CONDITIONS

### B.1 Credit Facility Request

Credit Limit (AED) *	Payment Term (days)
10000 AED -	30 Days

<b>Credit Cycle*</b>  Per Invoice* <input checked="" type="checkbox"/> Monthly Cycle** <input type="checkbox"/>	<b>Mode of Payment</b>  Bank Transfer <input checked="" type="checkbox"/> Cheque <input type="checkbox"/>
--	--

\*Credit Term starts from Invoice Date and is to be paid as and when it is due

\*\*Monthly Credit Term – All invoices raised in a month is to be paid for in 1<sup>st</sup> week of following month

(\*) Fields are mandatory to be filled

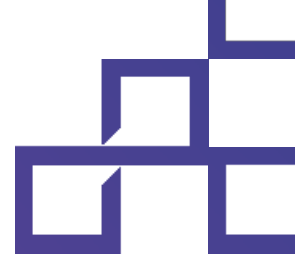
### B.2 Authorized Signatory and Job Approver for PO / Email\*

Role	Name	Designation	Email Id	Mobile Number
Job Approver	ASHIK SANTHOSH	SALES	pricing@arvishipping.com	+971 589057522
Authorized signatory	KIRAN RAMANAN	MANAGING DIRECTOR	kiran@arvishipping.com	+971 554404367

(\*) Fields are mandatory to be filled

### B.3 Supplier References - Payment Credibility

1. Company Name:	Contact Person and Number
Address:	
Credit Limit (AED):	
2. Company Name:	Contact Person and Number
Address:	
Credit Limit (AED):	



### B.5 Customer Declaration


I/ We certify that the above stated details are true and correct. I/We also hereby authorize Infinity Logistics to contact our bankers as mentioned above. I/We agree to settle invoices as per the payment term agreed by Infinity Logistics. In the case of any disputed invoices, the undisputed value will be settled according to the agreed terms set above and the dispute resolved within 7 days.

Any dispute will be governed by the law applicable in the United Arab Emirates and its jurisdiction.

Name of Authorized Signatory:

Designation:

**SIGNATURE**



**COMPANY STAMP**



### Terms and Conditions

- All our invoices are presumed to be accurate unless we receive a written notification within **7 days** of receipt.
- The account facility will be suspended without prior notice in the following situations:
  - (a) If the Invoice is not paid within the payment period stipulated above or as agreed upon

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 of Account Facility Request  
(To be completed by Infinity Logistics)

### Sales

Approved by:	Date:
--------------	-------

### Finance

Approved by:	Date:
--------------	-------

### Management

Approved by:	Date:
--------------	-------