



CREDIT APPLICATION FORM

A. CUSTOMER DETAILS

A.1 Details of the Organization

Name:	Universal Lifting Solutions FZC		
Address:	P O Box : 121820 P6 -075 Saif Zone Sharjah, UAE		
City / Emirate:	Sharjah		
Office Tel. #	E-mail:	Web:	
065736494	info@uniliftsolution.com	www.uniliftsolution.com	

Bank Details *

Name:	BANK OF BARODA
Branch:	SHARJAH
Address:	PO BOX NO: 1671, SHARJAH, UAE
Account No./IBAN	AE960110090040200017534
Type of Account.	CURRENT ACCOUNT

A.2 Key Personnel / Authorized Signatory / Management*

Department	Name	Designation	Email Id	Mobile Number
Finance	Mr. Vishnu	Accountant	accounts@uniliftsolution.com	050 998 4920
Procurement	Ms. Parvathy	Order Processing Executive	parvathy@uniliftsolution.com	056 5461816
Management	Mr. Vinod	Managing Director	vinod@uniliftsolution.com	050 998 4725
Authorized Signatory	Mr. Vinod	Managing Director	vinod@uniliftsolution.com	050 998 4725

B. CREDIT - TERMS & CONDITIONS

B.1 Credit Facility Request

Credit Limit (AED) *	Payment Term (days)
12000	30 Days

Credit Cycle*

1. Per Invoice*	<input checked="" type="checkbox"/>
2. Monthly Cycle**	<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 1st 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	Ms. Parvathy	Order Processing Executive	parvathy@uniliftsolution.com	056 546 1816
Authorized Payment signatory	Mr. Vinod	Managing Director	vinod@uniliftsolution.com	050 998 4725

(*) Fields are mandatory to be filled

B.3 Documents to be attached

- Trade License Copy
- VAT TRN
- Passport Copy - Owner & Signatory

B.4 Payment References

1. Company Name <i>Al Taxfarah Steel Works LLC</i>	Contact Person and Number
Address: <i>P.O.Box 23450, Sharjah - U.A.E</i>	<i>Mr. Sardhosh</i> <i>0506356172</i>
Credit Limit (AED): <i>500,000.00</i>	
2. Company Name <i>Marina Factories Equip. Machinery Tr. LLC</i>	Contact Person and Number
Address: <i>P.O.Box 5529, Sharjah - U.A.E</i>	<i>Mr. Bejoy</i> <i>0506967595</i>
Credit Limit (AED): <i>25,000.00</i>	

B.5 Customer Declaration

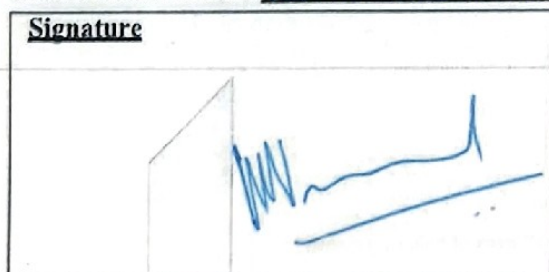
I/ We certify that the above stated details are true and correct. I/We also hereby authorize Infinity Logistics to contact our bankers as mentioned above. I/We agree to settle invoices as per the payment term agreed by Infinity Logistics. In the case of any disputed invoices, the undisputed value will 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 Person: *Kelauth Kalathi Vinod*

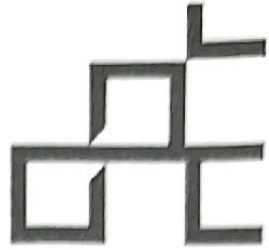
Designation in the Company: *General Manager*

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)

Approved by: _____ Issued Date: _____

CHECKED & APPROVED BY: NIKSHITH - 26-11-24 - 

