

## CREDIT APPLICATION FORM

### A. CUSTOMER DETAILS

#### A.1 Details of the Organization

Name: Seamax Shipping Services L.L.C		
Address: Office No. 109 , Red Avenue Building, Al Garhoud, Dubai - UAE. PO Box - 31890		
City / Emirate: Al Garhoud		
Office Tel. # +971 4 3455266	E-mail: info@seamaxshipping.com	Web: <a href="http://www.seamaxshipping.com">www.seamaxshipping.com</a>

#### Bank Details \*

Name:	RAK BANK,
Branch:	Oudh Metha Branch
Address:	Dubai, UAE
Account No. / IBAN	AED - Act # 0182313525001, IBAN # AE26 0400 0001 8231 3525 001, SWIFT CODE : NRAKAEAK2
Type of Account.	Current Account

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

Department	Name	Designation	Email Id	Mobile Number
Finance	Vatsala Devadiga	Finance Manager	vatsala.devadiga@seamaxshipping.com	+971 52 1032275
Procurement				
Management	Ganesh Poojary	Business development manager	Ganesh.poojary@seamaxshipping.com	+971 50 4093577
Authorized Signatory				

### B. CREDIT - TERMS & CONDITIONS

#### B.1 Credit Facility Request

Credit Limit (AED) *	Payment Term (days)
AED10000	30 days

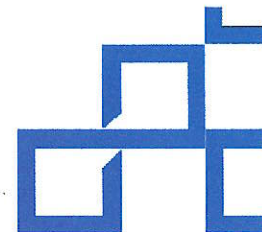
#### Credit Cycle\*

1. Per Invoice*	<input type="checkbox"/>
2. Monthly Cycle**	<input checked="" 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	Vatsala Devadiga	Finance Manager	vatsala.devadiga@seamaxshipping.com	+971 52 1032275
Authorized Payment signatory				

(\*) 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	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 Person: GANESH POOJARY

Designation in the Company: BUSINESS DEVELOPMENT MANAGER

**Signature**



**Company Stamp**

