

CREDIT APPLICATION FORM

A. CUSTOMER DETAILS

A.1 Details of the Organization

Company Name: Amplicon Middle East		
Full Address: Office 2405 Exchange Tower Business Bay Dubai UAE		
City / Emirate: Dubai , United Arab Emirates		
Office Tel. #	E-mail:	Web:
+971 4 391 8897 ext. 243	accounts@ampliconme.com	http://www.ampliconme.com
Trade License No : 652281		
VAT TRN : 100373999000003		
Date of Formation: 12-04-2011	Date of Expiry 11-04-2025	

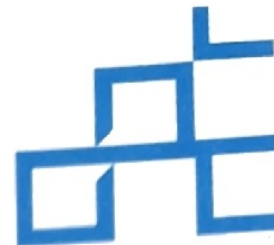
Bank Details *	
Bank Name:	ADCB (Abu Dhabi Commercial Bank)
Branch:	ADCB (Abu Dhabi Commercial Bank)
Bank Address:	
Account No./ IBAN	AED Account Number: 11250108920001 IBAN: AE370030011250108920001
Type of Account	

A.2 Key Personnel / Authorized Signatory / Management*

Department	Name	Designation	Email Id	Mobile Number
Finance	Khaled Al Jashi	Account's Payables	accounts@ampliconme.com	0556126703
Procurement	Tala el Tabari Joanna Tabuzo	Logistics coordinator	Tala@ampliconme.com Joanna@ampliconme.com	056642086 0553265471
Management	Mohammed Abu Samra	Partner	mohammed.a@ampliconme.com	04 393 2674
Authorized Signatory	Same as above	same as above	same as above	

A.3 Infinity Logistics Account Manager

Name: Nikshith Shetty
Contact Number: 971 55 9727333
Email ID nikshith@infinitylogisticsme.com



B. CREDIT - TERMS & CONDITIONS

B.1 Credit Facility Request

Credit Limit (AED) *	Payment Term (days)
20,000/-	30 DAYS

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

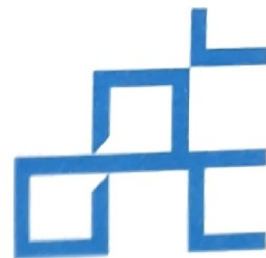
B.2 Authorized Signatory and Job Approver for PO / Email*

Role	Name	Designation	Email Id	Mobile Number
Job Approver	Tala / Joanna	Accounts/Procurement	accounts@ampliconme.com	0553265471
Authorized signatory	Mohammed Abu Samra	Partner	mohammed.a@ampliconme.com	04 393 2674

(*) Fields are mandatory to be filled

B.3 Supplier References – Payment Credibility

1. Company Name:	Contact Person and Number
Address: Office 2405, Exchange Tower, Business Bay, Dubai, UAE	Joanna Tabuzo/Tala el Tayeh
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: 23-12-2024

Finance

Approved by:

Date:

Management

Approved by: 

Date: 23-12-2024