



INFINITY LOGISTICS

ACCOUNT OPENING FORM

Company Name: EYEVEX SAFETY LLC - SHJ BR
Address: P.O BOX 63934, GED DUBAI ROAD
INDUSTRIAL AREA 3, SHARJAH
U.A.E
Contact Person: MAE GONZALES
Tel: 050 3614688
Email: import@eyevexsafety.com
Mob: _____

Payment Information

Invoice Frequency _____
Payment Terms 30 days Credit from the date of Delivery
Contact Person JEGANATHAN
Dir. Tel 050 2076361
Email Id jagan@eyevexsafety.com
Guarantee Chq Detail _____
VAT TRN 100512903400603

Bank Reference

Bank Name THE NATIONAL BANK OF RAS AL KHAIMAH
Account Number 0024216832061 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: _____

Designation: _____ Date: _____

Signature

Company Stamp



Acceptance of Account Facility Request To be completed by INFINITY LOGISTICS

Account Number: _____ Issued Date: _____