



ACCOUNT OPENING FORM

Company Name: ACT SOLUTIONS F Z E

Address: Warehouse EFZP1-12, Sheik Rashid Bin Saeed
Al Maktoun, Ajman Free Zone, Ajman, Ajman,
United Arab Emirates

Contact Person: Lukson Thomas

Tel: +971 6 5466939

Email: sales@actsolutionsfze.com

Mob: +971 565495312

Payment Information

Invoice Frequency: _____

Payment Terms: Payment within 30 Days of the Invoice Date

Contact Person: Lukson Thomas

Dir. Tel: +971 6 5466939

Email Id: sales@actsolutionsfze.com

Guarantee Chq Detail: _____

VAT TRN: 100563273000003

Bank Reference

Bank Name: Abu Dhabi Commercial Bank

Account Number: 12074885920002 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: Leo Stanley

Designation: Admin Date: 18.09.2023

Signature

Company Stamp



Acceptance of Account Facility Request To be completed by INFINITY LOGISTICS

Account Number: _____

Issued Date: _____