



INFINITY LOGISTICS

ACCOUNT OPENING FORM

Company Name: ADROIT SHIPPING LLC
Address: OFFICE NO 903 BURJUMAN
BUSINESS TOWER 9TH FLOOR
PO BOX 25390
Contact Person: ADIL AHMED
Tel: +971 4 2973384
Email: adil@adroit-uae.com
Mob: +971 504379311

Payment Information

Invoice Frequency: _____
Payment Terms: 30 days Credit from the date of Delivery
Contact Person: CHAITALI POOJARY
Dir. Tel: 050 9860611
Email Id: Financecontroller@adroit-uae.com
Guarantee Chq Detail: _____
VAT TRN: _____

Bank Reference

Bank Name: SHARJAH ISLAMIC BANK
Account Number: 12236491001 Type: CURRENT



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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: ADIL AHMED

Designation: DEPUTY GENERAL MANAGER

Date: 22/06/2023

Signature

Company Stamp



**Acceptance of Account Facility Request
To be completed by INFINITY LOGISTICS**

Account Number: _____

Issued Date: _____