

CREDIT APPLICATION FORM

A. CUSTOMER DETAILS

A.1 Details of the Organization

Name: GLOBAL STORES - F.Z.E		
Address: OFFICE NO. 902, 9TH FLOOR, AJMAN CHAMBER OF COMMERCE, AL NAKHIL,		
City / Emirate: AJMAN, UAE		
Office Tel. # +971 6 742 6001	E-mail: info@globalstores.ae	Web: https://www.globalstores.ae/

Bank Details *	
Name:	GLOBAL STORES FZE
Branch:	AL QUOZ, DUBAI
Address:	RAKBANK, P.O. Box 1531, Dubai, UAE
Account No./ IBAN	835 2411 578 901 / AE44040000 835 2411 578 901
Type of Account.	BUSINESS ACCOUNT

A.2 Key Personnel / Authorized Signatory / Management*

Department	Name in Full	Designation	Email Id and Mobile Number
Finance	TARIK EL HARRAB	EXECUTIVE DIRECTOR	tarik@globalstores.ae / +971 50 464 2094
Procurement	CHRISTINE MAE DELA CRUZ	SALES COORDINATOR	sales@globalstores.ae / +971 56 575 1666
Management	TARIK EL HARRAB	EXECUTIVE DIRECTOR	tarik@globalstores.ae / +971 50 464 2094
Authorized Signatory	TARIK EL HARRAB	EXECUTIVE DIRECTOR	tarik@globalstores.ae / +971 50 464 2094

B. CREDIT - TERMS & CONDITIONS

B.1 Credit Facility Request

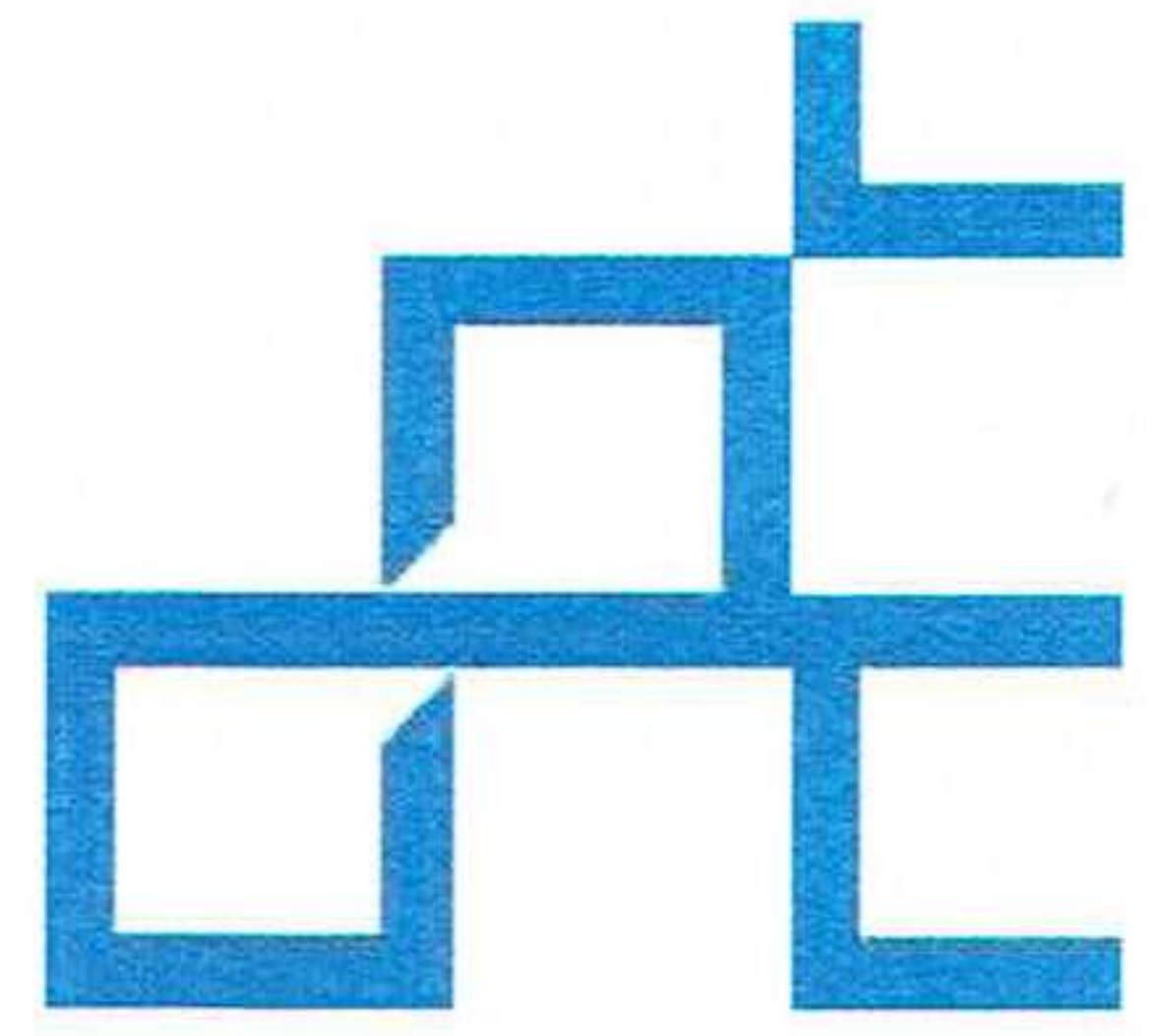
Credit Limit (AED) *	Payment Term (days)
	30 Days

Credit Cycle*	
1. Per Invoice*	<input checked="" type="checkbox"/>
2. Monthly Cycle**	<input 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 1st week of following month

(*) Fields are mandatory to be filled



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

Role	Name in Full	Designation	Email Id and Mobile Number
Job Executor	JEJARRAH JANE MANUA	SECRETARY	info@globalstores.ae / +971 56 575 1666
Job Approver	TARIK EL HARRAB	EXECUTIVE DIRECTOR	tarik@globalstores.ae / +971 50 464 2094
Cheque Signatory	TARIK EL HARRAB	EXECUTIVE DIRECTOR	tarik@globalstores.ae / +971 50 464 2094

(*) Fields are mandatory to be filled

B.3 Documents to be attached

- Trade License Copy
- VAT TRN
- Passport Copy – Owner & Signatory

B.4 Customer Declaration

1. Company Name	Contact Person and Number
Address: OFFICE NO. 902, 9TH FLOOR, AJMAN CHAMBER OF COMMERCE, AL NAKHIL, AJMAN, UAE	TARIK EL HARRAB /+971 50 464 2094
Credit Limit (AED):	
2. Company Name	Contact Person and Number
Address:	
Credit Limit (AED):	

B.5 Customer Declaration

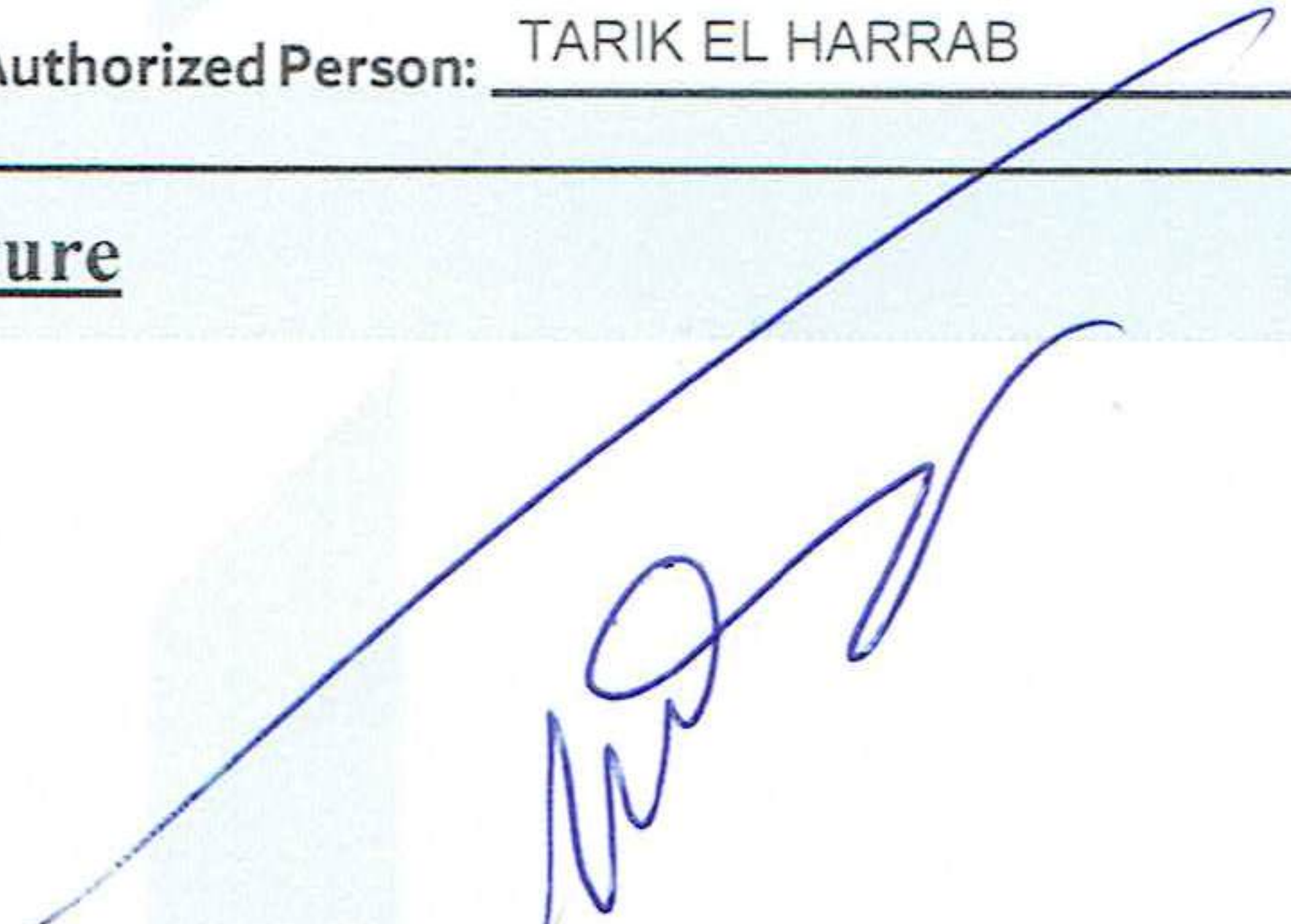
I/ We certify that the above stated details are true and correct. I/We also hereby authorize Infinity Logistics to contact our bankers as mentioned above. I/We agree to settle invoices as per the payment term agreed by Infinity Logistics. In the case of any disputed invoices, the undisputed value will 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: TARIK EL HARRAB

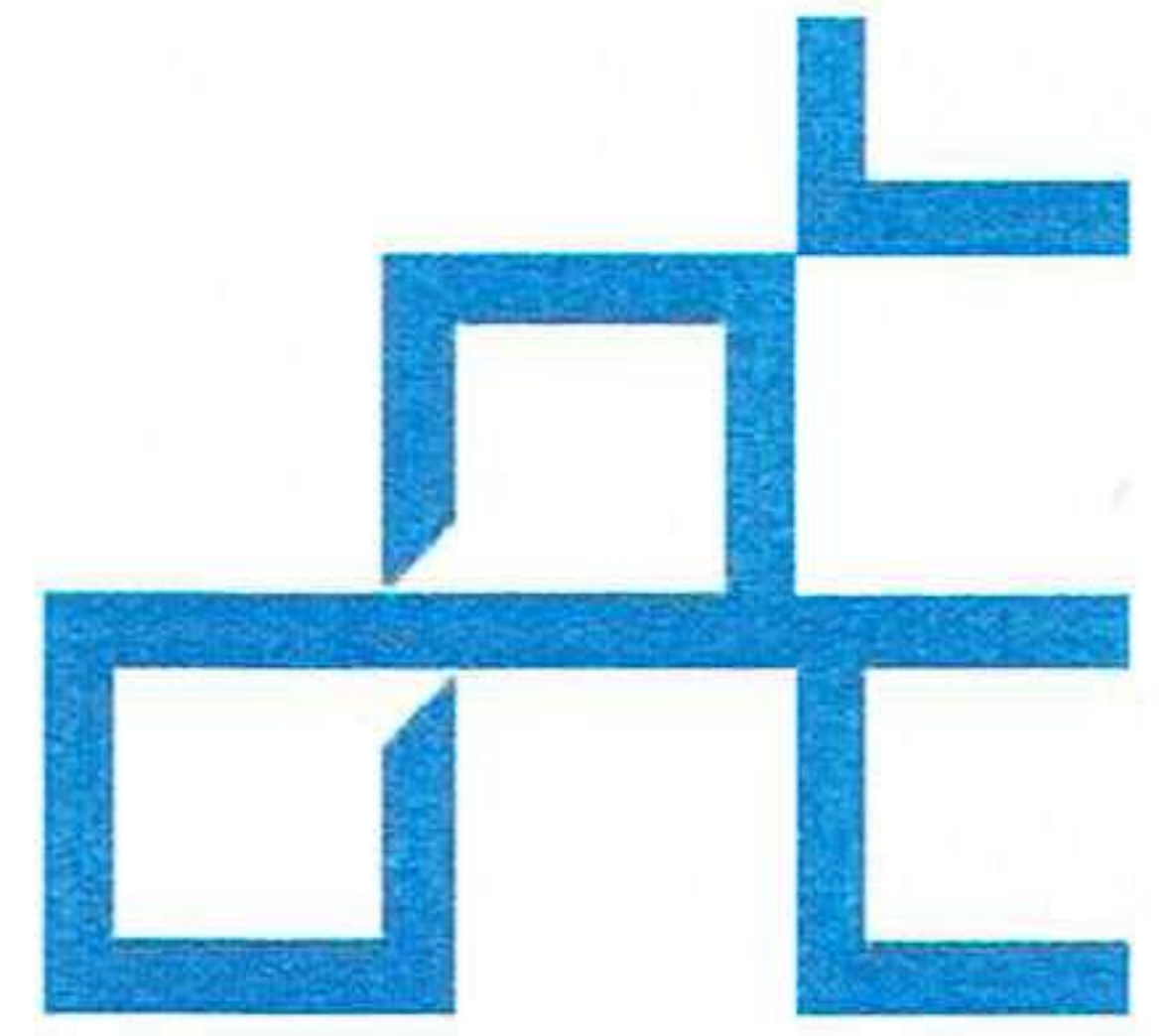
Designation in the Company: EXECUTIVE DIRECTOR

Signature



Company Stamp





Terms and Conditions

- All our invoices are presumed to be accurate unless we receive a written notification within seven 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)

Approved by: _____ Issued Date: _____

