



ACCOUNT OPENING FORM

Company Name: ELFIT ARABIA FZC
Address: PO BOX 2126
AJMAN FREEZONE
AJMAN, UAE
Contact Person: MIDHUN
Tel: _____
Email: midhun@elfitarabia.com
Mob: 0506391243

Payment Information

Invoice Frequency: Monthly
Payment Terms: 30 days Credit from the date of Delivery
Contact Person: Midhun
Dir. Tel: 067453987
Email Id: _____
Guarantee Chq Detail: _____
VAT TRN: 100000961100003

Bank Reference

Bank Name: NBF
Account Number: 012001259413 Type: AED



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:

MIDHUN

Designation:

Sales

Date:

21/12/23

Signature

Company Stamp



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

Account Number: _____

Issued Date: _____