



INFINITY LOGISTICS

ACCOUNT OPENING FORM

Company Name: 9 Yards shipping&Logistics services

Address: Al Garhoud Business Center
second floor, Office # 208

Contact Person: Nelly Ayass

Tel: _____

Email: pricing@9ylogistics.com

Mob: 050 5378110

Payment Information

Invoice Frequency _____

Payment Terms 30 days Credit from the date of Delivery

Contact Person Mr. Shiv Lal Chhipa

Dir. Tel 0460 35937 971 56 689 4705

Email Id shiv@9ylogistics.com

Guarantee Chq Detail _____

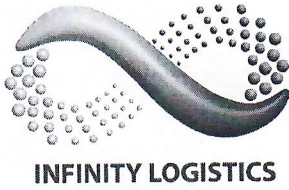
VAT TRN _____

Bank Reference

Bank Name Emirates NBD

Account Number 1015782413101 Type _____

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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:

KHALED GHUBASH

Designation:

MANAGING DIRECTOR

Date:

28/03/2024

Signature

Company Stamp



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

Account Number: _____

Issued Date: _____

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