



INFINITY LOGISTICS

## ACCOUNT OPENING FORM

Company Name: DIASURGE MEDICAL FZE  
Address: LV 47 A, HFZA PHASE 2  
SHARJAH  
Contact Person: NAJMAL S  
Tel:  
Email: sales1@diasurge.com  
Mob: 0561625525

### Payment Information

Invoice Frequency  
Payment Terms: 30 days Credit from the date of Delivery  
Contact Person: ASHIK SALIM  
Dir. Tel: +971 50 196 9886  
Email Id: office1@diasurge.com  
Guarantee Chq Detail  
VAT TRN: 100373989100003

### Bank Reference

Bank Name: ADIB  
Account Number: 17830412  
Type: CURRENT



### 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: NAJMAL S  
Designation: OFFICE MANAGER Date: 09-07-2024

#### Signature

#### Company Stamp



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

Account Number: \_\_\_\_\_ Issued Date: \_\_\_\_\_