



ACCOUNT OPENING FORM

Company Name: BDN DASMAL DOORS EST
Address: P.O BOX 5389, PL.No:- 533-137
SATH-SHUAIB H,
DUBAI INDUSTRIAL CITY, DUBAI UAE
Contact Person: HAREN
Tel: 04 586 8999
Email: doors@bindasmal.com
Mob: _____

Payment Information

Invoice Frequency: WEEKLY
Payment Terms: 30 days
Contact Person: HAREN
Dir. Tel: 04 586 8999
Email Id: HAREN@BDNDASMAL.COM
Guarantee Chq Detail: _____
VAT TRN: 100013687700003.

Bank Reference

Bank Name: NATIONAL BANK OF UMM AL QAIWAIN
Account Number: 0085153342 Type: _____



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: N. MOIDIN
Designation: GENERAL MANAGER Date: 15/09/2022

Signature

Company Stamp



Acceptance of Account Facility Request To be completed by INFINITY LOGISTICS

Account Number: _____ Issued Date: _____