

CREDIT APPLICATION FORM

A. CUSTOMER DETAILS

A.1 Details of the Organization

Name: FALCON FIRE & SAFETY EQUIPMENT EST		
Address: AL KHAWANEEJ , AL TTAY		
City / Emirate: DUBAI, UAE		
Office Tel. # +971 4 342 2775	E-mail: info@falconfireme.com	Web: www.falconfireme.com

Bank Details *

Name:	SHARJAH ISLAMIC BANK
Branch:	AL JURAINA
Address:	SHARJAH
Account No./ IBAN	0011397550001 / AE270410000011397550001
Type of Account.	

A.2 Key Personnel / Authorized Signatory / Management*

Department	Name in Full	Designation	Email Id and Mobile Number
Finance	ARCHANA CHANDRABABU	CHIEF ACCOUNTANT	archana@falconfireme.com +971 58 103 0113
Procurement	ARUN RAJARETNAM	PROCUREMENT ENGINEER	estimation@falconfireme.com +971 55 189 4071
Management	DINOOP MANJUMAL RADHAKRISHNAN	MANAGING DIRECTOR	dmr@falconfireme.com +971 55 981 5777
Authorized Signatory	HARI KUMAR THANKAPPA KURUP	GENERAL MANAGER	hari@falconfireme.com +971 55 981 3777

B. CREDIT - TERMS & CONDITIONS

B.1 Credit Facility Request

Credit Limit (AED) *	Payment Term (days)
10000 Aed	30 Days

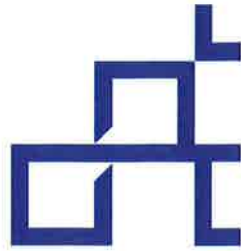
Credit Cycle*

1. Per Invoice* ☒
2. Monthly Cycle** ☐

*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	ARUN P NAIR	DIVISIONAL MANGER	arun@falconfireme.com & +971 52 550 5232
Job Approver	HARI KUMAR	GENERAL MANAGER	hari@falconfireme.com & +971 55 981 3777
Cheque Signatory	ANOOP MANJUMAL	MANAGING DIRECTOR	dmr@falconfireme.com & +971 55 981 5777

(*) 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:	
Credit Limit (AED):	
2. Company Name	Contact Person and Number
Address:	
Credit Limit (AED):	

B.5 Customer Declaration

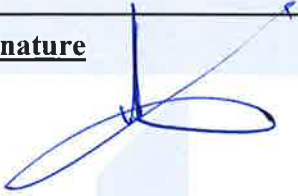
I/ We certify that the above stated details are true and correct. I/We also hereby authorize Infinity Logistics to contact our bankers as mentioned above. I/We agree to settle invoices as per the payment term agreed by Infinity Logistics. In the case of any disputed invoices, the undisputed value will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

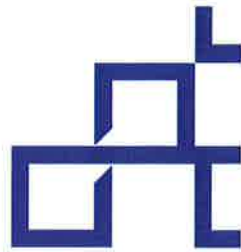
Designation in the Company: GENERAL MANAGER

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:** _____