



## ACCOUNT OPENING FORM

Company Name: ALDES MIDDLE EAST

Address: PLOT OF LAND M6 , 09 & 11  
PO BOX 8653  
SAIFZONE , SHARJAH

Contact Person: ERLEN

Tel: 06 557 82 85

Email: Erlen.DatuBuenaobra@aldes.com

Mob: 0564456771

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### Payment Information

Invoice Frequency: 30 DAYS

Payment Terms: ERLEN

Contact Person: 0564456771

Dir. Tel: Erlen.DatuBuenaobra@aldes.com

Email Id: 100028925400003

Guarantee Chq Detail:

VAT TRN:

### Bank Reference

Bank Name:

Account Number:  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: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature**

A handwritten signature in blue ink, appearing to be "Alde", is written over a horizontal line within a rectangular box.

**Company Stamp**

A circular blue ink stamp. The outer ring contains the text "ALDES MIDDLE EAST (FZE)". The inner circle contains the text "P.O.Box : 8653", "SAIF Zone", and "Sharjah - U.A.E." with a small star at the bottom.

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

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