

Credit Account Application Form

Company Details		
Name		4
Address	PLC	
	Ltd	
	Partnership	
	Sole Trader	
Company registration no		
Vat no		
Number of years in business		
Name of Parent Company (if applicable)		

Directors/ Partners/ Proprietor	
Name	Address

Have any of the above ever been associated with any business that has been placed in receivership / liquidation involving a loss to creditors, or ever been declared bankrupt? Yes / No

Bank Details	
Name	Sort code
Address	Account no
	No of years opened

Trade References			
Name (1)		Name (2)	
Address		Address	
Tel:	Fax:	Tel:	Fax:

Accounts Contact	
Name	Tel No
Credit limit applied for	

I confirm that I have received a copy of your Standard Conditions of Carriage of Goods by Sea dated 1 September 1998 and have 7 days in which to reconsider and notify. I also confirm acceptance of your credit terms which are settlement by end of month following month of invoice.

Signed.....Position.....

Director/Partner/Proprietor

Name.....Date.....

Please return this completed form to: The Finance Director, Seatruck Ferries Limited, Seatruck House, The Ferry Terminal, Warrenpoint. Co Down BT34 3JR
Tel: 028 4175 4411 Fax 028 4175 4545