

Seabourne Forwarding Ltd
137-139 High Street
Egham
Surrey
TW20 9HL



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Email: info.uk@seabournelogistics.com
www.seabournelogistics.com

CREDIT APPLICATION & ACCOUNT REGISTRATION FACILITY

To be completed in BLOCK CAPITALS and black ink.

Company Name	
Address	
Post Code	
Contact Name	Tel. No.
E-mail Address	Fax No.
Accounts Department Contact Details	Tel. No.
E-mail Address	Fax No.
Company Registration No.	VAT Reg. No.
Registered Office Address (if different to above)	
Expected credit limit per month: £	1 st Shipment

Authorised Signature _____ Date _____
Print Name _____ Position _____

TERMS OF SUPPLY AND CREDIT

1. All business is transacted subject to BIFA Trading Conditions STC 2005A – see www.bifa.com. Your signature is your agreement to abide by these Terms & Conditions.
2. Settlement of account is due within 30 days of invoice date for freight invoices and immediately for Duty & VAT invoices.
3. We reserve the right to cancel or revoke any discounts of similar allowances applicable to the service charged on invoices not settled within 30 days of invoice date.

DECLARATION BY APPLICANT SEEKING CREDIT

1. I am duly authorised by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. We recognise that if payment of your invoices is not made by the due date for payment, it may result in the matter being referred to the Credit Protection Association for recovery of the invoice debt including CPA's current applicable fees for writing to us, any commission payable by you to CPA, all reasonable incidental costs of recovering the debt and interest as applicable.
2. I understand that you may authorise a search through credit reference agencies, which will keep a record of that search and may share that information with other businesses. It/they may also make enquiries about the directors/partners as applicable.
3. I authorise our bankers to provide an opinion as to our suitability for the requested amount.

FOR OFFICE USE ONLY

Account Number _____ Date Opened _____
Branch _____ Charge Code _____
Credit Check Date _____ Authorised Credit Limit _____
Sales Account Manager _____ (Sign)
Management Authorisation _____ (Sign)