

To be returned to:- THE CREDIT CONTROLLER

COASTAL CONTAINER LINE LTD.

COASTAL HOUSE, VICTORIA TERMINAL 3, WESTBANK ROAD, BELFAST BT3 9JL

APPLICATION TO OPEN A CREDIT ACCOUNT

No. _____

1. CORRECT TRADING TITLE _____

2. FULL POSTAL ADDRESS _____

3. TELEPHONE No. _____ FAX No. _____

4. NAME OF PRINCIPALS (Partners or Directors) _____

5. MAXIMUM AMOUNT OF MONTHLY CREDIT REQUIRED £ Stg. _____

6. THE NAME AND ADDRESS OF BANKERS _____

6a. VAT No. _____

7. BANK ACCOUNT No. _____ SORT CODE _____

8. TRADE REFERENCES (Full Address)

(a) _____ (b) _____ (c) _____

CONTACT _____ CONTACT _____ CONTACT _____

TEL. No. _____ TEL. No. _____ TEL. No. _____

9. **All goods carried according to the Company's Standard Trading Conditions, as printed on reverse side of blue copy.**

10. Company's standard payment terms are "Payment due on receipt of invoice". Subject to the return of this Credit Application Form duly completed, and satisfactory references, the standard payment terms may be varied to "Payment due 20th of the month following date of invoice".

11. Interest will be applied to overdue balances at 1½% per month.

12. **To be signed by or on behalf of the Shipper.**

We wish to have a credit facility with Coastal Container Line Limited, and agree to the Conditions above. We also acknowledge receipt of the Company's Standard Trading Conditions.

Signed

Position

Date

PLEASE RETAIN THE BLUE COPY, ATTACHED, FOR YOUR FILE

FOR OFFICE USE ONLY

CLEARED AND CUSTOMER INFORMED _____ CREDIT LIMIT _____