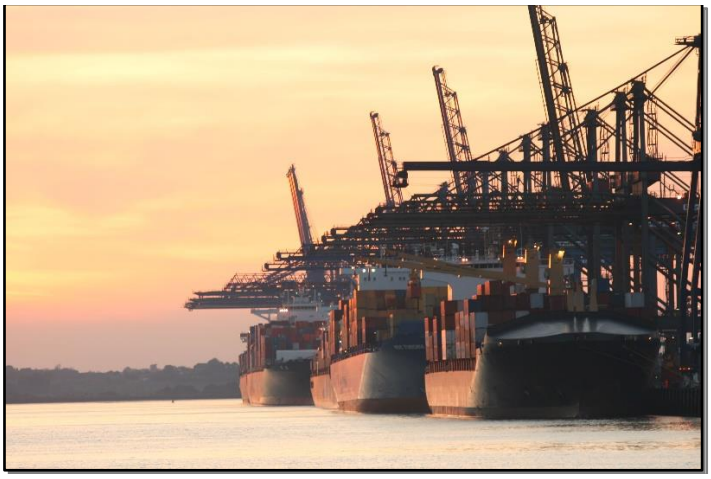
CREDIT ACCOUNT APPLICATION FORM

COMPLETE USING YOUR PC
OR COMPLETE IN WRITING IN BLOCK CAPITALS AND IN BLACK INK

CS SHIPPING
Moving Trade Forward





Thank you for choosing to open a credit account with CS Shipping. Please complete the attached credit account application form and return it along with a copy of your organisation's letter headed paper to our accounts department by scanning and emailing to accounts@csshipping.co.uk

We will endeavour to process your application as quickly as possible. Some trading references are slow to respond so please do bear with us whilst we chase them. We may have to ask for your help to prompt your references to give us their feedback. Once we have received a response from both of your trading references, we will contact you to let you know whether we are able to offer you credit terms and if so, for how much.

Please take the time to read through our terms and conditions of trade. You can find a current copy on our website at www.csshipping.co.uk/downloads or scan the QR code below. In the meantime, if there are any concerns or queries please do not hesitate to contact anyone at the CS Shipping team.

Kind Regards,
CS SHIPPING

BIFA®
BRITISH INTERNATIONAL FREIGHT ASSOCIATION

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YOUR BUSINESS DETAILS

(Please supply proof of your address such as a copy of your Driving Licence or a utility bill less than 3 months old and a sample of your business letter headed paper)

Name:		Date of Birth: (if sole trader)	- -
Company Trading Name:			Tel No:
Payment Contact Name:		Tel No:	Fax No:
Building Name/Number: (Home address if Sole Trader)			Mobile No:
Street:			Website:
Town:			Company Registration Number
County:	Postcode:		
Country:	Email:		Trading Style: (Please tick or state below)
Previous Address Building Name/Number: (if less than 2 years at present address)			Partnership ☐ Sole Trader ☐
Street:			Self Build ☐ LLP ☐
Town:			Limited Company (Ltd) ☐
County:	Postcode:		Other (please select & specify below) ☐
Country:			

Have any of the Directors/Partners or Sole Trader been subject to bankruptcy or IVA or had any CCJs registered against them?	Yes ☐	No ☐
If a Director, have you been involved in a business which went into liquidation / receivership / administration or CVA?	Yes ☐	No ☐

How long have you been established?	Months:	Years:
When does your financial year end?	Day:	Month:

Amount of credit you wish to apply for:	£

BANK DETAILS

Bank Name:	Sort Code	- -
Bank Branch:	Account Number	

1ST TRADING REFERENCE INFORMATION

Contact Name:	
Company:	
Building Name/Number:	
Street:	
Town:	
County:	Postcode:
Direct Dial Tel No:	
Email:	

2ND TRADING REFERENCE INFORMATION

Contact Name:	
Company:	
Building Name/Number:	
Street:	
Town:	
County:	Postcode:
Direct Dial Tel No:	
Email:	

If your references fail to provide information as requested your application for a credit account maybe delayed. We may require alternative references.

DECLARATION ON BEHALF OF APPLICANT

On behalf of the above applicant in whose name I am authorised to make such applications, I apply for a COD Payment facility as stated above and detailed in Page 1 of this application form. I agree to adhere to the payment terms of CS Shipping COD Payment facility. Final balancing payment is due 3 days before vessel arrival at destination or 30 days from invoice date, whichever is sooner. Shipping documentation will not be released until full balancing payment has been received and cleared into CS Shipping's bank account.
I confirm that the applicant will notify CS Shipping in the event the company is subject to, dissolution, bankruptcy, liquidation, administration, receivership, strike off or any other formal insolvency proceeding.
I also declare that I have read, understand and agree to CS Shipping's terms and conditions of trade and am aware that a current copy is available at www.csshipping.co.uk/downloads.

Name: Position:

Tel No:

Date: Signature: