



24 hours a day... 7 days a week

Harbour Shipping Ltd.
East Camber Office Building,
Eastern Docks, Dover, Kent CT16 1JA
Tel: 01304 211919 Fax: 01304 215066
E-mail: hsl@harbourshipping.co.uk
www.harbourshipping.co.uk

VAT reg. no. GB 378 0384 29

APPLICATION FOR MONTHLY CREDIT ACCOUNT (PLEASE COMPLETE IN BLOCK CAPITALS)

Name of Company: _____
(Full Trading Title)
Address: _____

Registered Office Address: _____
(if different from above)

Date of Incorporation: _____ Date commenced trading: _____

Company Registered No: _____ Directors: _____

Telephone No: _____

Fax No: _____

E-mail Address: _____

Purchase Ledger Supervisor: _____

Anticipated amount of credit outstanding at any one time: £ _____

(For Non Ltd/Plc Companies a full set of up-to-date accounts is required to obtain a credit facility)

REFERENCES:

Name and address of Bankers: _____ Account No: _____
Sort Code: _____

Name and addresses of two substantial trade creditors (not leasing agreements, fuel accounts or Bank please)

- a) _____
- b) _____

We understand that, if this application is accepted, a Credit Account will be opened in our name for the payment of freight and ancillary services on our behalf. We accept the terms of credit of Harbour Shipping Limited, under which payment of accounts must be made no later than the end of the month following the month of issue, except for Customs Duty, VAT, Tunnel and Motorway Toll accounts, paid on our behalf which are due immediately an invoice is rendered. We understand that Harbour Shipping Limited reserve the right to withdraw credit facilities at any time, and in the event failure to pay accounts within the terms mentioned earlier in this paragraph shall render ALL unpaid accounts immediately payable and due.

We authorise our bankers to provide references on us to Harbour Shipping Limited. A copy of the consent form, signed in accordance with the mandate, is attached. We understand that you will forward this to our bankers when requesting references.

We acknowledge we have received a copy of the Harbour Shipping Limited terms of trading and we agree that all business is contracted in accordance with these terms.

Yours faithfully

(authorised signatory-status)

Name in Block Capitals: _____
Status: _____
Date: _____

Offices at Dover Eastern Docks & Dover Western Docks

European RORO Services - Tunnel and Motorway Tolls - Customs Clearance...

All vehicles are carried in accordance with our standard conditions of Trading
Bankers: National Westminster Bank PLC, 7, St Georges Street, Canterbury Kent CT1 2JH Sort Code: 60 04 27 Account no: 73447331



TO**BANK plc**

cc : **HARBOUR SHIPPING LIMITED**

Our ref :

BLANKET AUTHORITY

I/We consent

To **Bank plc** providing references on
me/us

To **HARBOUR SHIPPING LIMITED** until further notice.

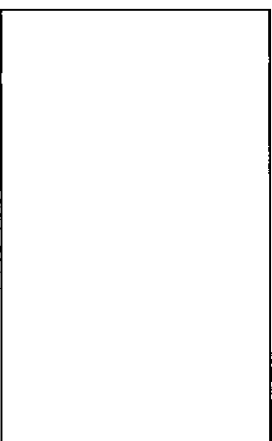
BANK ADDRESS

ACCOUNT NUMBER SORT CODE

For and on behalf of

Signature (s)

Date Company Stamp



Blanket Authorities should be signed in accordance with the mandate

DIRECT DEBIT INSTRUCTION



Please complete parts 1 to 4 to instruct your Bank/Building Society to make payments directly from your account. Then return the whole form to:- Harbour Shipping Limited, East Camber Office Building, Eastern Docks, Dover, Kent CT16 1JA

To The Manager

1 Please write the full postal address of your Bank/Building Society in the box above.

2 Name(s) of account holder

3 Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Banks/Building Societies may refuse to accept instructions to pay direct debits from some type of account.

PLEASE DO NOT WRITE BELOW THIS LINE

Account Number



Originator's ID number									
8	5	9	7	5	8				

Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

4 Your instructions to the Bank/Building Society, and signature(s).

* I/We instruct you to pay direct debits from our account at the request of Harbour Shipping Limited.

The amounts are variable and may be debited on various dates.

* I/We understand that Harbour Shipping Limited may change the amounts and dates only after giving prior notice.

* I/We will inform the Bank/Building Society in writing if I/We wish to cancel this instruction.

* I/We understand that if any direct debit is paid which breaks the terms of this instruction the Bank/Building Society will make a refund.

* **DELETE AS APPLICABLE**

Signature(s)

Date

FOR BANK/BUILDING SOCIETY USE

Branch Title:

Sort Code:

A/c No:

A/c Name:

Direct debits in respect of our customers Instruction under the reference number quoted should be made out as above.

For

Manager

Date

After completion the Bank/Building Society Branch should detach the lower part of the form and return it to Harbour Shipping Limited.

Harbour Shipping Limited
 East Camber Office building
 Eastern Docks
 Dover, Kent
 CT16 1JA