

# Mainfreight (S) Pte Ltd

## Credit Terms Application

We wish to apply for credit facilities with your Company for releasing of shipment, please find below information for your consideration. ( for shipment released prior to payment of ocean freight & charges )

Sole Proprietor     
  Partnership     
  Pte Ltd     
  Limited

Full Name of Company	:			_____	
Business Address	:			_____ _____	
Accounts Tel No	:	_____	Accounts Email	:	_____
Accounts Person to Contact	:				_____
Date of Incorporation	:	_____	Business Ref No	:	_____
Authorized Capital	:	_____	Paid-Up Capital	:	_____
Year Established	:				_____
Number of Employees	:				_____
Amount of Credit	:				_____
Bankers Name / Branch	:				_____
Account No	:				_____
Particulars of Director / Proprietors:					
Director's Name		Job Title		Shareholding Percentage	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

We agreed to comply with your credit terms in settling of our accounts within thirty (30) days from date of invoice if this credit application is granted

We fully understand that should our accounts be not settled within thirty (30) days thereof credit terms granted may be subjected to suspension without any notice. We also agree that we will be responsible for all legal fees incurred during the course of outstanding recovery and interest charges at the rate of 1.0% per month will be charged on accounts remaining unpaid.

We further agreed to the terms & conditions pre-printed on your bill of lading issued by you in the event of cargoes claim is/are not entitled to exercise any right to hold the outstanding account due to you.

It is hereby agreed with our authorization for you to exercise all right of lien over the cargoes in respect of our overdue unpaid account due to you and whether or not such unpaid account may be relevant to direct or indirect shipments will also be allowed in this exercise.

### We certify that all information given above is true and correct.

*(To be signed by Director only)*

Company Name	Company Stamp
Authorized Signature      Date	Name & Designation / Tel / Fax / Email Address

### For Official Use Only

Approved/Not Approved	Credit Limit
Approving Officer      Date	Name & Designation