

# CREDIT APPLICATION FORM



# HYLAND

Hyland Shipping Agencies Ltd, Unit 17/18,  
Northern Cross Business Park, Dublin 11. D11 V4HN

Tel: +35318580000 | Email: info@hsal.ie

Website: www.hylandshipping.ie

PROPOSED BY:

COMPANY DETAILS		
COMPANY NAME	COMPANY PHONE NO	COMPANY FAX NO.
TRADING NAME (If different from Company Name)	COMPANY EMAIL	COMPANY REG NO.
ADDRESS	VAT 13B REG NO.	MONTHLY CREDIT REQUIRED
CONTACT PERSON - ACCOUNTS PAYABLE		
	CONTACT EMAIL	CONTACT PHONE NO.

TRADE REFERENCES - SUPPLIER 1.	
SUPPLIER NAME	CONTACT NAME
ADDRESS	PHONE
	FAX
	EMAIL

TRADE REFERENCES - SUPPLIER 2.	
SUPPLIER NAME	CONTACT NAME
ADDRESS	PHONE
	FAX
	EMAIL

BANK DETAILS	
BANK NAME AND ADDRESS	NAME AND BANK ACCOUNT
	BIC
	IBAN

**IMPORTANT INFORMATION - CREDIT TERMS:** 1. All invoices become due 30 days from end of month. 2. All business transacted is subject to the terms of our Standard Trading Conditions - (see I.I.F.A. Member Trading Conditions attached). 3. We draw your attention to clauses 26 through 30 of our Standard Trading Conditions and/or clause 3(i) through 3(v) of our Warehouse Conditions of Contract, which strictly limit our liability where goods are lost or damaged. 4. We do not insure your goods. We can arrange "All Risks" cargo insurance upon written instruction and subject to payment of the appropriate insurance premium. 5. Insurance claims are handled expeditiously by us/our brokers and payments may not be withheld against any outstanding claims. We thank you for your business and look forward to a mutually rewarding relationship.

I HEREBY ACKNOWLEDGE THE ABOVE, WHICH I HAVE READ, UNDERSTAND AND ACCEPT:

SIGNED (Director or Secretary)	DATE



**HYLAND**