



Credit Application

1. Name of account to be opened under : _____
2. Name of holding co. / trading as : _____
3. Type of goods carried : _____
4. Postal address : _____
5. Physical address : _____
6. Telephone(s) : _____ Facsimile : _____ e-mail : _____
7. Date which your company was established : _____
8. Name of associated companies / businesses (if any) : _____
9. Type of entity : _____
10. Company registration number : _____ Vat registration number : _____
11. Name of Auditors : _____ Telephone number : _____

12. Details of proprietors, partners and directors

Name	Identity Number	Residential Address

13. Name of banker : _____ Branch : _____ Acc no : _____
14. Name of current transporter (if any) : _____



15. Trade References

Company	Code & Telephone No.	Fax No.	Contact Person

16. Maximum credit required : _____

17. Name of person responsible for handling of quires and payments of account : _____

18. This account is for your sole use unless subsidiary companies are listed here : _____

- I/We warrant that the information furnished is true and correct in every respect.
- I/We the undersigned understand and accept all aspects of the trading conditions (available on request).
- I/We understand that the transport of goods is done at the exclusive risk of the customer, although insurance cover is available and will be calculated as a specific rate based on the declared value as indicated on invoice / consignment note. Please note that certain types of goods maybe excluded from insurance or maybe subject to a higher rate. Please indicate weather insurance will be required : **Yes ___ or No ___** (TICK)
- I/We the undersigned agree that the opening of an account with **NM FREIGHT LOGISTICS** will be subject to the settlement of the account within **30 days** from date of statement. Overdue amounts will be **interest charges** calculated at the maximum permissible rate per annum compounded monthly.
- I/We he undersigned agree to pay all legal and / or collection cost on Attorney / client incurred by NM FREIGHT LOGISTICS to recover monies owing by me / us for services rendered.
- I/We agree that by signing this contract you agree that, we can do an enquiry on your personal credit report and or your business principals whichever is applicable for risk assessment purposes.

Signature : _____

Date : _____

Name : _____

Designation : _____



For office use only :

Representative : _____

Date Quoted : _____

Rate Loaded by : _____

Date : _____

Copies Attached : _____

Standard Credit Check :

1. Trade references : _____

Contact : _____

Terms given : _____

Average monthly purchases : _____

Credit limit : _____

How old is account : _____

Account rate : _____

2. Trade references : _____

Contact : _____

Terms given : _____

Average monthly purchases : _____

Credit limit : _____

How old is account : _____

Account rate : _____

Checked by : _____

Date : _____

Approved by : _____

Date : _____