Please send this signed form to: CGATE Logistics UK Limited e abe@cgate-logistics.com

CREDIT APPLICATION

- For a Business Account -



Your Corporate Gate to a World of Logistics

Business Contact Information		oprietorship	Partnership	Corporation	Other
Title:					
Company name:					
Phone Fax:					
E-Mail:					
Registered company address City, State ZIP Code	:				
Date business commenced:					
VAT:		EORI:			
Business and Credit Information					
 City, State ZIP Code:		Bank name:			
How long at current address?:		Primary business address City, State ZIP Code:			
Phone:		Phone:			
Fax:		Account num	nber:		
E-Mail:		Type of acco		Checking	Othe
Business/Trade references		21			
Company name:		Phone:			
Address:		Fax:			
City, State ZIP Code:		E-Mail:			
Type of account: Savings Checking	Other	Other:			
Company name:		Dhana			
Address:		Phone:			
City, State ZIP Code:		Fax: ————————————————————————————————————			
Type of account: Savings Checking	Other	Other:			
.,pe or coocard. Cavingo Circonnig	301101				
Company name:		Phone:			
Address:		Fax:			
City, State ZIP Code:		E-Mail:			
Type of account: Savings Checking	Other	Other:			
 4 Agreement 1. All invoices are to be paid 30 days from the 2. Claims arising from invoices must be made 3. By submitting this application, you authorize you have supplied. 	within 7 working day		into the banking al	nd business/trade refer	ences that
<u>5</u>					
Place, Date		Place, Date			
Stamp, Signature		Stamp, Sign	ature		
AIR FREIGHT SEA FREIGHT L	AND TRANSPORT				

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Managing Director: Amanda Behr | Company Register: 9474919 | Place of jurisdiction: London

Registered Member No. 3431 of The British International Freight Association.

All business transacted subject to BIFA standard trading conditions latest edition, copy available on request.