



CREDIT APPLICATION FORM

BUSINESS NAME:

BUSINESS CLASSIFICATION:

BUSINESS ADDRESS:

.....

MAILING ADDRESS:

.....

TELEPHONE NUMBER:

E-MAIL ADDRESS

TYPE OF BUSINESS: CORPORATION: [] PARTNERSHIP: []
SOLE PROPRIETORSHIP: [] OTHER: []

CHIEF EXECUTIVE OFFICER:

CHIEF FINANCIAL OFFICER:

PERSON TO CONTACT REGARDING ACCOUNTS PAYABLE:

DATE OF COMMENCEMENT/INCORPORATION:/...../.....

TRADE REFERENCES: 1. CONTACT PERSON: 1.
2. 2.
3. 3.

CREDIT LIMIT REQUIRED: \$.....

BANKER'S REFERENCES:

BANK:

ADDRESS:

CONTACT PERSON:

TELEPHONE NO.:

ACCOUNT NUMBER:

I (we) understand that the information furnished to you on these pages is for the purpose of obtaining credit from your company. That I am (we are) authorised in my (our) capacity, to bind my (our) company accordingly I (we) hereby agree to pay Marine Consultants (Trinidad) Limited interest on all past-due accounts, notes or indebtedness. I (we) hereby agree to pay any and all reasonable attorney's fees for collection of said past due accounts, notes or indebtedness.

.....
SIGNATURE / TITLE

...../...../.....
DATE

.....
SIGNATURE / TITLE

...../...../.....
DATE

NOTE: This form must be signed by an officer of your company in order to be approved.

Please return to:
The Financial Controller
Marine Consultants (Trinidad) Limited
P.O. Box 750,
43 Charles Street,
Port-of-Spain,
Trinidad. West Indies