

Freight Credit Application Form Euro



Thank you for your request for a credit account with Stena Line Freight. Please complete this form in **BLOCK CAPITALS** and return it to the address indicated below with a copy of your letter headed paper.

Full Company Name:	
Registered Office Address:	
	Post Code:

Trading Title:	
Trading / Correspondence Address (if different):	
	Post Code:

Invoice Address (if different):	
	Post Code:

Company Status (tick as necessary): Individual Partnership Limited Company

V.A.T. No:	Date of incorporation:	Company Registration No:
Any other information to support application:		

Please supply owners' names, addresses & dates of birth:

D.O.B	D.O.B.	D.O.B

Trade References: Please provide details of three trade references, one of which must be from within your own industry.

Company Name:			
Address:			
Telephone No:			
Email address:			
Contact Name:			

We will make a search with a credit reference agency, which will keep a record of that search & will share that information with other businesses. We may also make enquiries about principle directors with a credit reference agency.

Please reply to: **Stena Line Scandinavia AB** Tel: +44(0)2890 372888
 C/o Victoria Business Park Fax: +44(0)0290 786061
 9 West Bank Road
 Belfast
 BT3 9JL
 Northern Ireland

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Please note that once opened, the account will be personal to the applicant. If there is any change of legal entity for which you wish to have the benefit of the account (for example following the transfer of business or incorporation of a new company) then a new application must be made on behalf of the new entity and a new account opened. If the company has changed its name please forward a copy of the 'Certificate of Incorporation of Change of Name'.

Stena Line Freight's Customer Support Systems are integral to the opening of a new freight account. The standard arrangement is for customers to control, make and amend bookings on line (via the Stena Line Freight 'Extranet*') and to receive invoices electronically ('e-Invoicing*').

Please provide the details requested below:

<i>On Line Booking (Extranet)</i>	<i>E-Invoicing</i>
Contact name:	Contact name:
Tel:	Tel:
E-mail 1:	E-mail 1:
E-mail 2**:	E-mail 2**:
Mobile:	Mobile:

* Further details of these tools can be found at our website <http://www.stenalinefreight.com/ferry/customers-support-systems/>. If you are aware of any technical issues that will prevent you from working with either system please contact us.

** Please supply two individual e-mail addresses or one generic/group address for the relevant office, to ensure coverage if the principal contact is unavailable.

If you have any further requirements, such as a job reference authority or vehicle list please enter the details below.

Do you want to use the same job reference number every time? Or a different one every time?

Other contact information:

<i>Negotiator:</i>	<i>Finance/accounts (if different from e-invoicing recipient):</i>
Name:	Name:
Tel:	Tel:
E-mail:	E-mail:
Mobile:	Mobile:

Please provide mobile phone number/s if you wish to receive service alerts and updates via text: _____

In making this application for credit facilities, I/we declare that the above information is correct & should I/we be granted credit, I/we confirm that I/we are bound by Stena Line Scandinavia AB's "STANDARD TERMS OF BUSINESS FOR FREIGHT CUSTOMERS". A copy of which can be provided upon request or obtained from our website www.stenalinefreight.com/ferry/general-terms

Your supply of freight services is provided by Stena Line Scandinavia AB. Whilst no VAT is being charged on any freight shipments for non Swedish EU VAT registered customers you are still responsible for accounting for VAT under the reverse charge procedure on your VAT return for the freight shipments. If you are unsure about how to account for VAT under the reverse charge procedure you should contact your local VAT office or your own accountant.

Signature: _____

Name (BLOCK LETTERS): _____

Position:	Date:
For & on behalf of:	

SEPA Direct Debit Mandate (Core Scheme)

Stena Line Scandinavia AB
SE-405 19 Göteborg
Creditor Identification No SE21FRT5562317825



Please complete form using a ball point pen. All fields are mandatory.

Debtor Details

Mandate Reference (Your Customer Number with Stena Line Scandinavia AB)	
F	
Company Name	
Address	
Postal Code	City/Town
Email Address (Please provide email address relevant for direct debit statement)	
Type of Payment	Recurrent payment <input type="checkbox"/> One-Off payment <input type="checkbox"/>

Debtor Bank Details

SWIFT/BIC
IBAN

SEPA Core Direct Debit Mandate

By signing this mandate form, you authorize the creditor

(A) Stena Line Scandinavia AB to send instructions to your bank to debit your account and

(B) your bank to debit your account in accordance with the instructions from the creditor Stena Line Scandinavia AB

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank.

A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Your rights are explained in a statement that you can obtain from your bank.

Debtor Authorization

Date	Location
Signature	

Please return form to:

via post
Stena Line Scandinavia AB
Account Receivable Floor 6
SE-405 19 Göteborg

via email
F.Reminder@stenaline.com