



Clare Freight Int'l (HK) Ltd

For Office Use Only
A/C No.
Credit Limit HK\$
Credit Term _____ days

Credit Facilities Application Form

Note: Please complete all information in block letters & fax the BR together

Name of Company	
in English _____	in Chinese _____
Registered Office Address: _____	
Correspondence Address (if difference from above) _____	
Telephone No: _____	Fax No: _____
Contact email: _____	
Date of Incorporation: _____	Business Registration No: _____
Authorized Capital: _____	Paid Up Capital: _____
Nature of Business: _____	Number of Employees: _____
Company type (please cross) Limited Co. [<input type="checkbox"/>] Sole Proprietor [<input type="checkbox"/>] Partnership [<input type="checkbox"/>]	
Key Personnel (Account Dept) Name: _____ Title: _____	
Banker: _____ Branch: _____ Account No: _____	
Requested Credit Limit & period for: _____	
Names of other forwarder with whom you have a credit account arrangement: _____	
To: Clare Freight Int'l (HK) Ltd.	
We hereby apply for a credit account with your company and agree to comply with the following terms and conditions:-	
(1) We shall pay within the "Credit Term" period from the date of your debit notes and time is of the essence in this respect	
(2) If we fail to pay as aforesaid, you can at your sole discretion charge interest on the amount outstanding from the date of your monthly statements at the rate of 2% per annum over the prevailing best lending rate of the Hong Kong & Shanghai Banking Corporation Limited in Hong Kong.	
(3) We agree to reimburse all legal costs and disbursements incurred by you in recovering amounts due by us in the event that we fail to pay as aforesaid.	
(4) You may at your sole discretion and without any prior notice to us close our credit accounts with you in which event we shall immediately pay you the balance then outstanding on our account.	
(5) We acknowledge and agreed that all transactions will be handled in accordance with your standard trading conditions.	
Dated the _____ day of 20_____	
Name of Signatory: _____	_____
Title of Signatory: _____	Authorized Signatory with Company Chop
FOR OFFICE USE ONLY	
Recommended By: _____	Approved By: _____

Important Note: Credit Facility can only be made available upon receipt of our confirmation of acceptance.