

# Application for Credit Account

Please complete this form fully using Capital Letters and either submit by email or return by post

Thank you for your enquiry regarding credit facilities on our cross-Solent services. Please complete the form and sign at the bottom to confirm your acceptance of our terms and conditions. If you are posting your form, please return to the address below.

Name of Applicant:

Address:

Telephone Number:

Fax Number:

Email Address:

Estimated Credit Limit Required:

£

per month

NB - We reserve the right to take up Credit Reference checks, apply for Company References and Bank References when we deem to be necessary.

Bank Sort Code:

/ /

Bank Account Number:

Bank Account Name:

## Referees

Please supply the names, addresses and fax numbers of two companies with whom you have long standing relationships (not required if for limited companies).

Name:

Address:

Fax Number:

Name:

Address:

Fax Number:

Our full terms and conditions may be inspected at either of our terminals. The main terms of the account are;

1. Minimum account expected usage should be £1,000 per year or over.
2. Invoices will normally be generated monthly.
3. Payment is due within 30 days of invoice date. Outstanding or unpaid invoices will lead to the suspension, and possible closure, of the account. A charge of 5% of any outstanding amount will be added each month an invoice remains overdue. Hovertravel Limited reserves the right to commence legal action at any time after an invoice becomes overdue.
4. Payment should be made to Hovertravel Ltd by Bacs direct to our Bank Account: Sort Code 20-00-00, Account Number 83058905. We are also able to take payment over the phone by credit card.
5. Regular use of the account constitutes acceptance of our conditions.

Account facilities will not be available until we have received satisfactory references and you will be informed when the account is active.

Please tick the box to confirm you have read and understood our terms and conditions (required)

Signed

Date

 /  / 

DD

MM

YYYY

**SUBMIT**

If submitting by post, please send to:

Hovertravel Ltd, Quay Road, Ryde, Isle of Wight, PO33 2HB

01983 717700

@hovertravelltd

/hovertravelltd

info@hovertravel.com

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