

Our Ref: FD/DC

Date:

Re: TRAVEL AGENT APPLICATION FOR CREDIT / PASSENGER TRAVEL

As requested please find attached a Credit Application form for your attention. When all sections have been completed please print and return to: -

Miss F Rogan
Credit Manager
Finance Service Centre
Units 1-4
Victoria Business Park
9 Westbank Road
Belfast
BT3 9JL

If you have any queries you can contact Francis Rogan at the above address or you can phone or fax the following numbers:-

PHONE: 0044 2890782651

FAX: 0044 2890782678

Yours Faithfully

CREDIT CONTROL DEPT.

Stena Line Irish Sea Ferries Ltd

Please complete all of the following sections:

Travel Agent Name:

Registered Office Address:

Invoice Address:

Telephone No:

Fax No:

Email

Contact Name

Which currency do you wish to operate in: -

Sterling

Euro

Company Registration No:

ABTA / IATA No:

Date of Incorporation:

Estimated monthly credit required:

BANK DETAILS

Bankers Name

Address:

Account No:

Sort Code:

Please list associated companies / branches

DETAILS OF DIRECTORS

NB: The signing of this application creates legal responsibilities. Please read the contents carefully before signing.

Name:

Title:

Address:

Signed

Name:

Title:

Address:

Signed

Please provide two trade references that have traded with you for at least one year at the level of credit required

Name:

Address:

Trade per month Credit taken Days

Telephone No: Fax No:

Name:

Address:

Trade per month Credit taken Days

Telephone No: Fax No:

Please note our credit terms are "30 days from date of invoice"

Thank you for your application. All information relating to this application will be treated in the strictest confidence.

Stena Line Irish Sea Ferries Ltd reserve the right to:

- A) Not disclose the reasons for refusal of credit facilities
- B) Withdraw the facility should any action be taken which is contrary to the standard terms & conditions as per the attached copy.

I CONFIRM RECEIPT OF THE STANDARD TERMS AND CONDITIONS AND CONFIRM PAYMENT OF ALL ACCOUNTS WILL BE RECEIVED WITHIN THE STATED CREDIT TERMS.

Signed: Position:

Name: Date:

Please enclose a copy of your letterhead to complete your file.