

CREDLINE

APPLICATION

IMPORTANT: Please complete every section or payment may be delayed as all information requested is absolutely vital.

Customer company name:		E-mail						
Order as detailed below								
Supplier's name:		Supplier's address						
Supplier's bank		Supplier's bank address						
Supplier's bank account number		Supplier's bank account SWIFT code						
Name of intermediary bank (if applicable)		Address of intermediary bank						
Intermediary bank account number		Intermediary SWIFT code						
Total amount for payment		Currency						
Freight instructions								
CFR	C & F	CIF						
FOB + freight	FOB - freight collect	ct FAS						
Ex factory / warehouse	FIS	Other						

Description of purchases including type, prices quantities

Shipment by					
Air Other	Vessel	Parcel post	Road	Rail	
Port of shipment	t	Po	rt of arrival		
We will pay CIF	G in: (days as appr	oved) We	will pay you	in (currency)	
Our bank's nam	e	Ou	r bank's addr	ess	
WE HEREBY	us in accordand CONFIRM THAT	ce with the signed Ma	ster Trading A	our your relevant bill draw Agreement. YOU IN RESPECT OF AN	IY

FAILURE BY SUPPLIERS TO FULFIL ALL THE DETAILS OF ABOVE ORDER OR TO QUANTIT QUALITY, DELIVERY OR OTHERWISE; NEITHER WILL IT RELEASE US FROM OUR UNDERLYING RESPONSIBILITY TO MAKE PAYMENT TO YOUR ACCOUNT ON DUE DATE

Attach copy of the bill of lading / airway bill / signed delivery docket (if local supplier) *as available

Attach copy of the supplier's commercial or pro-forma invoice

Attach copy of the supplier's packing list

Date

Authorised customer representative

Title

Submit all documents to orders@cifgltd.com for all non-online applications