

10025 NW 116th Way, Ste 2
Medley, FL 33178

Hyde Shipping Corp/Hybur Ltd
www.hydeshipping.com

Office# (305) 913-4933
Fax: (305) 913-4979

CREDIT APPLICATION

Company Name:			Phone Number:		Nature of Business:	
Billing Address			Fax Number:		Please Check <input type="checkbox"/> Corporation	
City:	State:	Zip Code:	Subsidiary of:		<input type="checkbox"/> Proprietorship	
EIN Number:		Requested Credit Line: * <input type="text"/>	Division of:		<input type="checkbox"/> Partnership	
State and Year of Incorporation:			D & B#:		Email:	

NAMES OF OFFICERS, PARTNERS OR OWNERS

Name/Title:	Name/Title:
Name/Title:	Name/Title:

RESOURCES/CONTACT INFORMATION

Accounts Payable (Name/Ph):	Comptroller (Name/Ph)
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BANK REFERENCES

Bank Name & Contact	Address/Branch	Phone #:	Account Number

TRADE REFERENCES (Please include at least one transportation Trade Reference)

Company Name	Address	Phone #:	Contact:

TERMS AND CONDITIONS

By executing this agreement the Company agrees to the payment of all freight, demurrage and other charges, including but not limited to court costs, expenses and reasonable attorney fees incurred in collecting sums due the Carrier. Payment of the ocean freight and other charges to a freight forwarder, broker or anyone other than Hyde Shipping or its authorized agent, shall **not** be deemed payment to the carrier and shall be made at the Company's sole risk. Past due accounts are subject to a monthly late charge of **1.5%** of the overdue balance. The first three shipments must be C.O.D. Our Credit term is 30 days. Any Invoice with 15 days past due may be referred to our collection agency.

* Credit Limit Request for over \$ 50,000 may require submission of Financial Statements.

X			
Authorized Officer Signature	Printed Name:	Title:	Date:

VERIFICATION

Please do not write in this Space:

References Ckd By:	<input type="checkbox"/> CREDIT APPROVED BY _____
Reference Results:	<input type="checkbox"/> CREDIT REFUSED BY _____
Date: _____	