



Kestrel Liner Agencies LLP
9505 NW 108 Ave.
Medley, Fl. 33178
Telephone: 786-220-1685
Fax no. 786-220-1691
Email: aarguedas@kestrel.com

CREDIT ACCOUNT APPLICATION FORM

Company Detail:

Please fill out this form as complete as possible. Forms lacking pertinent information will not be considered for credit status with Kestrel.

Company Name: _____

Mailing Address: _____

Billing Address: _____

(If different from above)

Telephone Number: (____)_____ Fax Number: (____)_____

Email Address: _____

Accounting Contact Name: _____ A/P Telephone No: _____

D&B Number: _____

Bank Account Company Name: _____

CREDIT LIMIT REQUESTED: _____ **Projected Shipment**
Per Month _____

Limited Company:

Company Name: _____
(If different from above)

Registered Number: _____



Kestrel Liner Agencies LLP
9505 NW 108 Ave.
Medley, Fl. 33178
Telephone: 786-220-1685
Fax no. 786-220-1691
Email: aarguedas@kestrel.com

CREDIT ACCOUNT APPLICATION FORM

Proprietary concern or Partnership:

Name of each interested party: _____

Trade and Bank Reference:

Please list three or more Credit /Trade references using Company Name, Telephone Number, e-mail address, fax number and contact name.

1. Name: _____	2. Name: _____
Address: _____	Address: _____
_____	_____
Phone No: _____	Phone No. _____
Fax No : _____	Fax No. _____
Email Address: _____	Email Address: _____
3. Name: _____	4. Name: _____
Address: _____	Address: _____
_____	_____
Phone No: _____	Phone No. _____
Fax No: _____	Fax No. _____
Email Address: _____	Email Address: _____

Carrier / Agent reserves the right to suspend credit privileges and may charge interest penalty of 1.5% per month on all outstanding balances over 30 days.



Kestrel Liner Agencies LLP
9505 NW 108 Ave.
Medley, Fl. 33178
Telephone: 786-220-1685
Fax no. 786-220-1691
Email: aarguedas@kestrel.com

CREDIT ACCOUNT APPLICATION FORM

THE DETAILS SUBMITTED ON THIS CREDIT APPLICATION ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE ACCEPT YOUR TRADING TERMS AND CONDITIONS OF CARRIAGE.

SIGNATURE (S) _____

Company Officer Name: _____

DATE: _____

(A COPY OF YOUR LETTERHEAD MUST ACCOMPANY THIS APPLICATION)