



IRISH FERRIES

P.O. Box 19, Ferryport, Alexandra Road, Dublin 1, DO1 W2F5, Ireland
Email address: credit.control@irishferries.com Telephone +353 1 6075700

TOURISM CREDIT APPLICATION

Name:

Tel. No:

Address:

Email:

Date Company was formed:

Accounts Contact:

Directors:

Type of Business: Retail Business Group / Coach Business ITX Business Other

Involvement with any other company:

Please indicate membership of any of the following by quoting your membership number.

A.B.T.A. Travel Trust. A.I.T.O. I.A.T.A. A.B.T.O.T. C.P.T.

Trade references (one of which must be a ferry company).

1	Tel / Email	Contact:
2.	Tel / Email	Contact

Conditions under which credit is granted:

1. Standard bookings are due for payment at the time of booking. Other types of booking such as Group, ITX or special offers, may attract other due dates. Refer to Terms of Business and / or Commercial Agreement.
2. A monthly statement will be sent on the last day of the month listing all bookings due for payment in that month.
3. Payment of the balance on the monthly statement will be by direct debit 15th of the following month.
4. Queries should be advised to the Credit Control Dept as soon as possible on receipt of statement.
5. Credit facilities will be withdrawn if the above conditions are not adhered to. All passengers and vehicles are carried subject to our standard conditions of booking and travel. See www.irishferries.com for details.

Signed:

Position:

Date: