



INFINITY CARGO EXPRESS LIMITED

APPLICATION / AGREEMENT OF CREDIT FACILITIES

Date: _____

Staff name: _____

Company Name: _____

Office Address: _____

Contact Person: _____ **Title:** _____

Email address: _____ **Fax No.:** _____

Telephone No.: _____ **B.R. No.:** _____

Nature of Business: _____ *(Please attach a copy of B.R. certificate)*

Name of Directors/Proprietors: _____ **No. of Employees:** _____

Authorized Capital: _____ **Paid up Capital:** _____

Date of incorporation: _____ **Name of holding co.:** _____

Banker Name: _____ **Account No.** _____

Banker Address: _____

Average Monthly Turnover : _____

Apply Credit Limit: _____ **Credit period:** _____

Terms and Conditions

We would like to confirm and agree the following terms and conditions with Infinity.

- (A) To settle all accounts within the credit period.**
- (B) Failure to settle accounts on due date, 2% interest will be monthly to the outstanding account.**
- (C) Infinity reserves the right to withdraw credit at any time after credit terms are granted**
- (D) No right to hold the payment, or to offset any claim against to Infinity. All claims should be raised according to the legal procedure and international transportation rule.**
- (E) We agree to pay all the administration fee and legal consultant fee due to our delay of payment.**

Approved by:

Company chop & authorized signature

Name and Title: