

CLIENT ACCOUNT OPENING FORM				
VESSEL INFORMATION				
		Date://		
Name of Vessel*				
Vessel Type and Length*				
Management Company*				
Vessel IMO number				
Status*:	☐ Commercial ☐ Private			
 ⇒ If the boat is comme ○ Copy of Ships ○ Recent Crew ○ Last Charter 	s Papers List			
INVOICING ADDRESS (IF APPLICABLE)				
CREDIT CARD INFORMATION*				
Card Number*:				
Expiry Date*:				
Security Code (last 3 digits on bac	ck of card):			
Cardholder Name:				

4,6,8 Avenue Mirabeau - 06600 Antibes, France



CONTACT INFORMATION*

	Contact Name	Telephone	Email
Captain*	Contact Name	reiephone	Lillali
Сартант			
Chief Officer			
Chief Engineer			
Chief Stew /			
Purser*			
i di sci			
N.4 1 *			
Management*			
Other			

Payment is required upon delivery for the first order

*Obligatory fields to be completed in full NB: Valid Credit Card is given as guarantee for payment. Freedom Maritime will enable this facility if necessary.