



ANTIBES SHIP SAS
YACHT SUPPLIES & SERVICES
ACCOUNT OPENING FORM

Boat Name: _____ Flag: _____

Port of Registry: _____

Berth No: _____ Home Port: _____

Commercial Vessel seeking VAT-exonerated supplies: Please provide a copy of the Certificate of Registry and a current year VAT FCE attestation. Please note failure to provide this documentation will result in VAT being payable.

Pleasure/Private vessel: Please attach Certificate of Registry to this email.

SHIP CONTACT DETAILS

MANAGEMENT / ACCOUNTS CONTACT DETAILS

Contact: _____

Contact: _____

Position: _____

Position: _____

Email: _____

Email: _____

Phone Number: _____

Phone Number: _____

Please indicate to whom invoices should be sent: Ship Contact Management/Accounts Contact

PAYMENT TERMS

On account, 30 days from receipt of invoice.

PREFERRED PAYMENT METHOD

Credit Card Bank Transfer Cash

Please note we do not store credit card details. Payments can be made via secure payment link which will be sent with the invoice. In case of settlement by bank transfer, please ensure all charges are payable by the sender.

Signature: _____ Date: _____