Tampa Port Authority
REQUEST FOR BILLING ON ACCOUNT APPLICATION

Company Name

_____

Location Address_____ City_____ State_____ Zip_____

Billing Address_____ City_____ State_____ Zip_____

Billing Contact_____ Email_____

Telephone_____ Fax_____

Type of Business_____ Date Established_____

D-U-N-S #_____ EIN #_____

Type of Entity _____Proprietorship
_____Partnership
_____Corporation
_____Other

If incorporated: Year_____ State_____

Key Management Members and Owners Titles

_____ _____

_____ _____

_____ _____

Bank _____

Address_____ City_____ State_____ Zip_____

Phone _____ Officer _____

Account # _____

Three Trade references, addresses and phone numbers

_____

_____

_____

The above information is provided for the purpose of extending credit to our company as provided in your Port Charges Tariff. We understand that any port usage invoice not paid within 30 days from date of invoice shall incur late charges of 1 ½% for each 30 day period the invoice remains unpaid. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

_____
Printed Name of Authorized Individual, Partnership or Corporation

_____ _____ _____
Signature Title Date