

Tampa Port Authority
Terminal Tariff No. 13

**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 # _____

Tampa Port Authority
Terminal Tariff No. 13

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