



CREDIT APPLICATION

1. APPLICANT: _____ TELEPHONE: _____
FAX: _____ DUNS#: _____ E-MAIL: _____
Tax ID # or SS#: _____
2. PRINCIPAL LOCATION OF BUSINESS:
Physical Address: _____
3. BILLING INFORMATION
Billing Address: _____
Billing Contact: _____
Any Billing Instructions: _____
4. TYPE OF BUSINESS (Circle Any Applicable): Ship Agent Stevedore Trucking Other (Specify)
5. FORM OF BUSINESS ENTITY:
a.) Corporation S-Corporation LLP Partnership Sole-Proprietor Other (Specify)
b.) Parent Corporation (if subsidiary): _____
6. Principals of applicant:
(i) Name: _____ Title: _____ Telephone: _____
(ii) Name: _____ Title: _____ Telephone: _____
(iii) Name: _____ Title: _____ Telephone: _____
7. BANK REFERENCE (use separate sheet if necessary):
Bank Name: _____
Address: _____
Telephone: _____ Fax: _____
Type of Account(s): Checking Savings Loan
Bank Contact: _____ Title: _____ Telephone: _____
8. FINANCIAL STATEMENT:
a.) Attach a copy of financial statement prepared at last fiscal year closing.
b.) Is financial statement audited by a Certified Public Accountant? Yes No
9. Has any creditor obtained judgment against you for collection of unpaid accounts within the last five (5) years? No Yes. Explain (use separate sheet)
10. Have you entered into any type of settlement agreement with a creditor for collection of unpaid accounts within the past five (5) years? No Yes. Explain (use separate sheet)
11. Have you entered into voluntary or involuntary bankruptcy proceedings within the last five (5) years? No Yes. Explain (use separate sheet)

CERTIFICATION

This is to certify that the applicant has read, understands, accepts and will comply with any and all provisions of the Port Tariff 005 of the Port Freeport entitled, "Rates, Charges, Rules, Regulations and Services Available at Public Wharves" (the "Tariff"), as promulgated as of the date of execution of this agreement or as may be amended from time to time. Port Tariff 005 is incorporated herein by reference as if set forth in its entirety.

The applicant agrees that Port Freeport has the right to refuse credit to any applicant; however, the applicant understands that if credit is extended, by signing below it agrees to be **CONTRACTUALLY BOUND to all provisions of Port Tariff 005**, and **WAIVES ANY CONFLICTING LAWS TO THIS EFFECT**.

This is to further certify that the applicant hereby grants full permission and authority to Port Freeport to contact and obtain any information Port Freeport deems applicable whether it be from banks, ports, or any other reference sources it deems necessary.

The applicant also understands that Port Freeport may require additional information, as it may deem appropriate, including but not limited to, bank letter of credit, bank commitment letter and/or a guarantee. Port Freeport also reserves its right to require a deposit from the applicant.

The applicant understands that this application and the information obtained is for the sole purpose of securing credit with Port Freeport and will be treated strictly confidential by Port Freeport; however, Port Freeport is a public entity and subject to the open records law of Texas. Consequently by signing below the applicant consents that the information obtained by Port Freeport may be subject to the Open Records Act and obtainable by third parties.

Completion of this form does not guarantee that credit will be extended in any amount or in the amount desired by the applicant. Additionally, Port Freeport reserves the right to refuse credit to any applicant. Further, if credit terms are extended, Port Freeport reserves the right to change or terminate the terms at any time for any reason.

The undersigned certifies that the information provided on this application and any other documents provided to Port Freeport are true and correct to the best of the applicant's knowledge. The applicant hereby certifies that he or she has the requisite power, or it has the proper authority granted to it by its directors, officers, representatives and advisors, and/or board of directors prior to submitting this application.

I, hereby certify that I have read this application in its entirety along with Port Tariff 005 and understand the provisions of both documents, and by signing this application, the applicant, by its representative, consents to be contractually bound to all provisions of Port Tariff 005 as if said provisions were set forth in their entirety within this document without regard to conflict of law principles.

Applicant Principal (Print) _____ Title: _____

Signature: _____ Date: _____

SUBSCRIBED AND SWORN to before me, the undersigned authority, on this the ____ day of _____,
_____.

NOTARY PUBLIC

RETURN ORIGINAL COMPLETED FORM TO:

PORT FREEPORT
1100 CHERRY STREET
FREEPORT, TX 77541
ATTN: MARY CAMPUS, CONTROLLER

YOU MAY EMAIL THE FORM TO MARY CAMPUS AT CAMPUS@PORTFREEPORT.COM TO EXPEDITE THE PROCESS, HOWEVER, THE ORIGINAL MUST BE RECEIVED BY PORT FREEPORT WITHIN 10 DAYS.



1100 CHERRY ST. • FREEPORT, TX 77541
(979) 233-2667 • 1 (800) 362-5743 • FAX: (979) 373-0023
WWW.PORTFREEPORT.COM

Customer Information Form

Please submit a completed copy of this form.

Company Name: _____

Main Contact

Name: _____	Phone: _____	Fax: _____
Email Address: _____		
Address: _____		
City: _____	State: _____	Zip: _____

Billing/Invoicing Contact

Name: _____	Phone: _____	Fax: _____
Email Address: _____		
Address: _____		
City: _____	State: _____	Zip: _____

Accounts Payable Contact

Name: _____	Phone: _____	Fax: _____
Email Address: _____		
Address: _____		
City: _____	State: _____	Zip: _____

For Questions, please call Accounts Receivable, at (979) 233-2667 ext. 4305.
Completed forms may be mailed to the address above or emailed to accountsreceivable@portfreeport.com.