



ASPA New Customer

It is with great pleasure that we learn of your interest in doing business at the Alabama Port Authority.

To mainstream our accounting process, you will need to fill out the attached APA Credit application, accompanied by a signed W9 tax ID.

Please return the completed application to the following: APA Accounts Receivable by email at Customeradd@alports.com

Or,

by mail at P.O. Box 1588, Mobile, AL 36633

Once received, the application will be verified and processed. You will be notified by Accounts Receivable once the process is complete and your account has been activated.

Please feel free to reach out to your APA contact if you have any questions.

Sincerely, APA Accounts

Receivable Enclosure,

P.O. Box 1588 • Mobile, AL 36633
Office: 251.441.7200
ALports.com



ALABAMA PORT AUTHORITY CREDIT APPLICATION

PLEASE COMPLETE AND E-MAIL TO: customeradd@alports.com

*A completed W9 Tax ID. must be included for all US based entities, and completed W-8BEN must be included for foreign based companies.

NAME OF COMPANY REQUESTING CREDIT: _____

WHAT IS THE NATURE OF YOUR BUSINESS? _____

HOW LONG HAS YOUR COMPANY BEEN IN BUSINESS UNDER ITS PRESENT NAME? _____

TAX ID # _____ YEAR END REVENUE _____

TELEPHONE NO.: (____) _____ FAX NO.: (____) _____

BILLING ADDRESS:

CITY: _____ STATE: _____ ZIP _____

TYPE OF CHARGES APPLIED

CHECK ALL THAT APPLY

WHARFAGE	
HANDLING	
STORAGE	
VESSEL DOCKAGE	
VESSEL HARBOR	
FACILITY CLEANUP	
EQUIPMENT RENTAL	
OTHER CARGO FEES	
OTHER VESSEL FEES	
LEASE	
OTHER (specify)	

HOME OFFICE ADDRESS IF DIFFERENT FROM BILLING ADDRESS:

CITY: _____ STATE: _____ ZIP _____

CONTACT PERSON FOR BILLING QUESTIONS: _____

E-MAIL ADDRESS: _____

WILL ANYONE ELSE BE RESPONSIBLE FOR CHARGES BILLED TO YOUR ACCOUNT? IF SO, PROVIDE COMPANY NAME AND CONTACT PERSON: _____

TYPE OF CHARGES FOR ACCOUNT OF OTHER RESPONSIBLE PARTY (CHECK ALL THAT APPLY)

DOES THIS CREDIT APPLICATION REFER TO: EXPORT ___ IMPORT ___?

DO YOU HAVE SPECIAL RATES WITH THE ALABAMA PORT AUTHORITY?

_____ IF SO, FOR WHAT CHARGES? _____

IF YOU ARE A SHIPPER, DO YOU USE A FREIGHT FORWARDER OR BROKER? _____ IF SO, PLEASE PROVIDE A CONTACT AND TELEPHONE NUMBER _____

WHARFAGE	
HANDLING	
STORAGE	
VESSEL DOCKAGE	
VESSEL HARBOR	
FACILITY CLEANUP	
EQUIPMENT RENTAL	
OTHER CARGO FEES	
OTHER VESSEL FEES	
LEASE	
OTHER (specify)	



DO YOU HAVE SPECIAL CONTRACT RATES WITH THE ALABAMA PORT AUTHORITY? ____ IF SO, FOR WHAT CHARGES? _____

IF YOU ARE A SHIPPER, DO YOU USE A FREIGHT FORWARDER OR BROKER? ____ IF SO, PLEASE PROVIDE A CONTACT AND TELEPHONE NUMBER _____

BY THE AUTHORIZED SIGNATURE BELOW, THE COMPANY REQUESTING CREDIT IN THIS APPLICATION AGREES TO ACCEPT RESPONSIBILITY FOR ALL CHARGES THAT ARE CORRECTLY BILLED TO THE ACCOUNT, AND TO PAY ALL SUCH CHARGES WITHIN THE TERMS OF CREDIT AS SET BY THE ALABAMA PORT AUTHORITY, WHICH ARE NET 21 DAYS FROM THE DATE OF INVOICE. LATE PAYMENT PENALTY DUE IN AN AMOUNT EAQUAL TO ONE-AND ONE-HALF PERCENT (1.5%) OF THE INVOICE PAYMANT DUE FOR EACH CALENDAR DAT AFTER THE DATE DUE THROUGH AND INCLUDING THE DATE PAID. IF ANY PAYMENT REMAINS UNPAID AND BECOMES DELINQUENT FOR A PERIOD OF SIXTY (60) DAYS FOLLOING THE DUE DATE, THE PENALTY MAY INCREASE TO (3%) OF THE PAYMENT DUE EACH CALENDAR DAY STARTING ON THE SIXTY FIRST DAY(61st) AND THROUGH AND INCLUDING PAYMENT HAS BEEM RECEIVED IN FULL.

SIGNED: _____

Please e-mail application to: Alabama Port Authority

PRINT NAME: _____

Accounts Receivable
Customeradd@alports.com
P.O. Box 1588
Mobile, AL, 36633

DATE: _____