

NEW ACCOUNT APPLICATION

TO: PORT OF BEAUMONT NAVIGATION DISTRICT
P. O. DRAWER 2297
BEAUMONT, TEXAS 77704

DATE: _____

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FIRM NAME _____ TELEPHONE _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE BUS.START AND/OR INC. _____ STATE OF INCORPORATION _____

NAME OF BANK _____

ADDRESS _____

BANK TELEPHONE NO. _____ ACCOUNT NO. _____

PORT OF BEAUMONT IS AUTHORIZED TO CHECK MY BANK REF: _____

SIGNATURE

NAMES & TITLES OF OFFICERS OF COMPANY _____

NAMES OF INDIVIDUALS AUTHORIZED TO SIGN CHECKS _____

TRADE REFERENCES (GIVE AT LEAST THREE)

NAME ADDRESS CITY/STATE/ZIP PHONE/FAX

I (WE) UNDERSTAND THAT THE INFORMATION FURNISHED YOU ON THIS PAGE IS FOR THE PURPOSE OF ESTABLISHING A NEW ACOUNT, AND THAT I (WE) FURTHER UNDERSTAND THAT THE INFORMATION NOW AND IN THE FUTURE WILL BE RELIED UPON FOR ESTABLISHMENT OF THE ACCOUNT. THAT I AM (WE) ARE AUTHORIZED, IN MY (OUR) CAPACITY TO BIND MY (OUR) FIRM ACCORDINGLY. I (WE) UNDERSTAND YOUR TERMS ARE NET 30 DAYS AND AGREE TO MEET THESE TERMS IF CREDIT IS EXTENDED.

SIGNED

TITLE

DATE