

NEW ACCOUNT APPLICATION

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

DATE: \_\_\_\_\_

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
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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