



Credit Application

Port of Beaumont Navigation District
P.O. Drawer 2297
Beaumont, Texas 77704

_____ Date

COMPANY INFORMATION

Firm Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date Bus. Start and/or Inc. _____ Email: _____

State of Incorporation: _____ Billing Number: _____

BANK INFORMATION

Name of Bank: _____ Acct Number: _____

Bank Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

The Port of Beaumont is authorized to check my Bank Ref: _____
Signature / Date

Names of individuals authorized to sign checks: _____

TRADE REFERENCES

Please list 3

Name	Address	City/State/Zip	Phone/Fax

I (WE) UNDERSTAND THAT THE INFORMATION FURNISHED YOU ON THIS PAGE FOR THE PURPOSE OF ESTABLISHING A NEW ACCOUNT, 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 AND (WE) ARE AUTHORIZED, IN MY (OUR) CAPACITY TO BIND MY (OUR) FIRM ACCORDINGLY. I (WE) UNDERSTAND YOUR TERMS ARE NOT 30 DAYS AND AGREE TO MEET THESE TERMS IF CREDIT IS EXTENDED.

Customer Authorization: (Signature) _____

Title: _____

Date: _____