



1015 NORTH AMERICA WAY • MIAMI, FLORIDA 33132
 TELEPHONE (305) 371-PORT (371-7678)
 FAX (305) 347-4858 TELEX 52-2745

APPLICATION FOR CREDIT
 ATTENTION: CREDIT AND COLLECTION SECTION

_____ Date

Legal Name/ Trade Style of Firm:				
Address:				
City:		State:		Zip Code:
Telephone Number:		Fax Number:		Website:

Type of Business:		
	Ship Agency	
	Stevedore	
	Shipper	
	Other, please explain:	

Federal Tax Id:		Number of years company has been in business:	
The amount and type of business volume anticipated to be shipped through the Port of Miami:			

	Corporation	
	Partnership	
	Proprietorship	
	Other, please explain:	

Date of incorporation:		Place of incorporation:	
President / CEO:			
Chief Financial Officer:			

Account Payable Manager:			
Telephone:		Email:	

Account Payable Contact:			
Telephone:		Email:	

BANK REFERENCE:

Bank Name:				
Street Address:				
City:		State:		Zip Code:
Telephone:		Fax:		
Account Number(s):				
Bank / Account Officers Name:				

BUSINESS REFERENCE 1:

Company Name:					
Street Address:					
City:		State:		Zip Code:	
Contact Name:					
Telephone:			Fax:		

BUSINESS REFERENCE 2:

Company Name:					
Street Address:					
City:		State:		Zip Code:	
Contact Name:					
Telephone:			Fax:		

THIS APPLICATION WILL BE SUBMITTED TO THE PORT OF MIAMI (POM) FOR THE PURPOSE OF OBTAINING CREDIT. BY ENTERING YOUR NAME, TITLE AND (CORPORATE INFORMATION) BELOW, YOU EXPRESSLY AUTHORIZE POM TO INQUIRE, VERIFY OR OBTAIN ANY INFORMATION THEY DEEM NECESSARY RELATED TO YOUR CREDIT STANDING AND REPRESENT THAT YOU INTEND THE ENTRY AND SUBMISSION OF THIS INFORMATION TO FUNCTION AS A LEGAL SIGNATURE. SUBMISSION OF THIS APPLICATION ALSO ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY POM INVOICES IN ACCORDANCE WITH THE TERMS OUTLINED IN THE CURRENT PORT OF MIAMI TERMINAL TARIFF NO. 010.

IN ORDER FOR POM TO PROCESS THIS CREDIT APPLICATION, THE APPLICANT MUST ENTER HIS/HER NAME AND TITLE, FOLLOWED BY THE NAME OF THE CORPORATION, PARTNERSHIP, OR OTHER ENTITY.

Submitted by:		Title:	
Name of Corporation, Partnership or Other:			
Date:			
Signature (Enter your initials):			

Submit this form via email to pomcredit@miamidade.gov (ATTN: Permit Section)