



***PORT EVERGLADES TERMINAL, LLC***

*125 Northeast 9<sup>th</sup> Street  
Miami, Florida 33132*

*(305) 374-0012 Telephone  
(305) 374-0019 Facsimile*

<b><i>CREDIT APPLICATION</i></b>
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**Company Information**

Full Legal Name:	Credit Line Requested:
Address:	Established
	Since:
	Telephone:
	Facsimile:
	Corporate Email Address:
	Individual Email Address:

**Bank Reference**

Principal Bank:	Bank Address:
Contact:	Telephone:
Account Number:	Facsimile:



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Miami, Florida 33132*

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**Trade References**

Company Name:	Address:
Telephone:	
Facsimile:	
Company Name:	Address:
Telephone:	
Facsimile:	
Company Name:	Address:
Telephone:	
Facsimile:	

Other information which you think we should know:

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We hereby authorize the release of Credit and/or Financial Information to Port Everglades Terminal, LLC.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_