

COMPANY NAME:

Customer Billing Information

E-Mail completed form to <u>T18GATEFEE@SSAMARINE.COM</u>

SSA Terminals, LLC 11814 Election Road, Suite 210 Draper Utah, 84020 (888) 898-5893 Option #3

ADDRESS:				_
CITY:	STATE:		ZIP:	_
PHONE:	ACCOUNTS PAYABLE E-	-MAIL ADDRESS:		_
CORPORATION	PARTNERSHIP	INDIVIDUAL	SOLE PROPRIETOR	
OWNER/PRINCIPAL/PRI	SIDENT	YE	AR ESTABLISHED	
PARENT COMPANY		STATE SALES TAX #		
FEDERAL TAX ID#				
will be assessed If payn will be issued. Payment will be applie principal balance owing application. Customer shall pay all invoice. If invoice is no payable. Any invoice dispute shall	ment terms are net 10 days. An ent is not received by the due d first to interest accrued to d g on this invoice. Please incluse reasonable attorney's fees and of paid when due, all billed but all be governed by the laws of the consents to such justice.	date. Payment is to be ate of receipt of paym de invoice numbers o costs in the event suit unpaid invoices on the State of Washington	e made at receipt of invoicement and remainder will be an all check remittances to it is commenced to collect his account shall be immedian and shall be litigated in	e, no statement e applied to the e ensure prope this account o diately due and
PRINT NAME	SI	GNATURE		
DATE:				