

BERTH REQUEST

Application and request made to Port City Sabine Holdings for the vessel named below. By submitting this request, I/We agree to be bound by all rules, regulation, terms, conditions and charges of tariff by Port City Sabine Holdings. In addition, there are provisions where Port City Sabine Holdings may require shifting of the vessel to another berth or vacate a berth or work overtime. EMAIL BERTH REQUEST TO: LanceD@portcity-sabine.com

Date of submission: _____

Vessel Name: _____

IMO#: _____

Flag: _____

LOA: _____

Arrival Draft: _____

Special

Requirements _____

To Arrive From: _____ on _____ 20 _____ (Date)

Vessel To Sail For: _____ on _____ 20 _____ (Date)

CARGO WILL CONSIST OF THE FOLLOWING:

Inbound: _____ Weight _____ Net Tons

Outbound: _____ Weight _____ Net Tons

Responsible Party

Agency Name/ Assigned Agent: _____

Billing Address: _____

Phone Number: _____

Print Name: _____ Signature _____

*Agent/Agency is responsible for all payments unless submitted in writing, responsible POC and billing information.

PORT USE ONLY

Assigned Berth _____ Start Date/Time: _____

End Date/Time _____ Water/Shore Power Usage _____

Signature of Port City Partners Rep: _____