



Brownsville Navigation District of Cameron County, Texas
SITE APPLICATION

GENERAL INFORMATION		
Company Name:		
Address:		
City:	State:	Zip:
Phone:		Fax:
Email:	Website:	
Referred By (if applicable):		
CORPORATE INFORMATION		
Corporate Name (if different from above):		
Corporate Headquarters Address:		
City:	State:	Zip:
Phone:		Fax:
Email:	Website:	
Type of Business Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other (Specify) _____		
State/Country in which Incorporated:		Date Business Established:
Principal Officers, Titles, Addresses and Phone Numbers:		
SITE INFORMATION		
Area and Acreage Required:		
Do you have a preferred site? If so, please indicate the site you are interested in.		



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Utilities Required: <input type="checkbox"/> Water - Meter Size _____ <input type="checkbox"/> Sewer <input type="checkbox"/> Fire Hydrants/Risers <input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other (Specify) _____	
Special Needs (Rail, Waterfront, etc.)	
Lease Term Desired:	Rent Payable Terms ___ Monthly ___ Quarterly ___ Semi-Annually ___ Annually
BUSINESS PLAN AND PROPOSED OPERATIONS <i>(Provide a copy of Business Plan)</i>	
Purpose/Industrial Activity:	
FTZ Status Desired? (Yes/No)	Estimated Annual Tonnage in metric tons (if applicable):
Estimated Annual Rail Cars (if applicable):	Type of Rail Cars Required (if applicable):
Trucking Industry: _____ Overweight/oversize carriers proposed to be handled on site.	
Estimated Total Employees and Average Salary:	
Products and Materials to be Handled on Site: <i>(attach a separate sheet if necessary)</i> _____ <input type="checkbox"/> Hazardous Materials Proposed to be Handled on Site. <i>(If marked, attach the MSDS sheets for all proposed materials)</i>	
Describe your company's business operations and describe the proposed business operations at this site. 	
Describe your company's previous experience in the proposed operations. 	



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Fishing/Shrimping Industry (Check all that apply):

☐ Shrimp Operations (ex. Unloading & Boat Tie up of shrimp/seafood vessels)

☐ Boat Repairs/Boat Maintenance ☐ Commercial ☐ Personal

☐ Other (Please specify purpose): _____

Attach a list of boats registered to the company or principals to operate at leased site (if applicable)

FINANCIAL INFORMATION

The following information must be attached to this application.

- A list of the companies related to the Applicant. Include their relationship to the applicant, corporate headquarters' address, state in which incorporated and an officer to contact with their phone number.
- Financial Statements for the most recent two years, audited or prepared by a CPA, if available, or tax returns for the most recent two years.
- Financial Statements for each guarantor.
- Port of Brownsville Credit Application
- Interim Statements for the current year, if available.
- Bank References, the names and phone numbers of the bank officers who handle your accounts and reference letters from the banks to the Brownsville Navigation District.
- Six (6) Trade References from whom purchases are made on a 30-day basis.
- **For Corporations** – A copy of the Charter and Resolution naming person(s) authorized to sign lease documents, etc.
- **For Partnerships** – A copy of the Partnership Agreement.
- **For Sole Proprietors/Individuals** – A copy of the Assumed Name Certificate.
- **For an LLC** – A copy of the Articles of Organization
- **For Other Forms** – Please refer to the staff for required documentation.

NOTE – Additional financial information may be required of principals.

FOR CORPORATIONS OR LIMITED PARTNERSHIPS ONLY

Principals will be required to individually guarantee the lease.

Authorized Company Representative:

Title:	Phone:
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Email:

Signature:

The Brownsville Navigation District Board of Commissioners reserves the right to withhold approval of any lease, sublease, Option, assignment of lease or amendment if the party requesting such approval (the "Applicant") or any affiliate of such party has an account with the District which is not in good standing.



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REFERENCES

I hereby authorize my bank and my trade references to release to the Brownsville Navigation District that information requested by the District in order to review this application for a lease. I further release all persons, agencies, or firms from any liabilities resulting from providing such information.

Signature of Authorized Representative

Brownsville Navigation District

1000 Foust Road
Brownsville, TX 78521
(956) 831-4592 fax (956) 831-5106

CREDIT APPLICATION

Applicant's Trade Name		Phone ()	
		Fax ()	
Mailing Address		Taxpayer ID Number	
		Company Web Site	
Business Style: Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>			
Owners or Principal Officers			
Name		Title	Home Address
			Cell/Home Phone
Business Established _____ At Present Location Since _____ Under Present Ownership Since _____			
Banking Information			
Bank and Branch		Account Number	
Address			
Bank Officer			
Trade References: Name, Complete Address and Phone Number			
1.			
2.			
3.			
4.			
5.			

Manager's Information			
Name	Title	Home Address:	Home Phone
Billing Information			
Billing Address	Billing Contact	email Address	Direct Phone
Terms and Conditions of this Application			
<p>It is understood that this is a credit application for an open account with the Brownsville Navigation District to be used for the purchase of goods and/or services. It is further understood that all invoices and purchases under this credit plan are due and payable within thirty (30) days from the due date of the invoice, except for invoices issued under a ground lease contract which contain their own terms. Any and all invoices, or portions thereof; that remain unpaid beyond the due date of the invoice shall be subject to a finance charge under the terms of the then-effective Port of Brownsville Tariff.</p>			
Applicant's Signature and Authorization for Release of information			
<p>I have read and understand the above and agree to its terms and conditions. I hereby authorize my bank and my trade references to release to the Brownsville Navigation District that information requested by the District in order to grant credit under this application</p>			
Signature of Owner or Principal Officer		Title	
Authorized Purchasing Agents			
The following persons are authorized to purchase services and charge said services to this account.			
1.			
2.			
3.			
4.			
5.			

All information must be provided, and this form must be signed and returned to the Brownsville Navigation District before credit may be granted.

Current Financial Statements must be submitted with this application

Credit Approved by:	Account Number Assigned:
Date:	Credit Limit Assigned: