

MASSPORT ~ CONLEY TERMINAL TRUCKER INFORMATION UPDATE FORM

*Please complete and either mail to Massachusetts Port Authority, One Harborside Drive,
Suite 200S, East Boston, MA 02128-2909 Attn Demurrage Desk ~ or fax to (617) 464-8239 .*

COMPANY NAME _____

CONTACT NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____

STATE _____

ZIP CODE _____

COUNTRY USA Other _____

PHONE NUMBER Area Code _____ Number _____

EXTENSION NUMBER _____

FAX NUMBER Area Code _____ Number _____

E-MAIL ADDRESS _____

REMARKS _____

TRUCKER SCAC _____ (if applicable) Date _____

Office Use Only	
CODE	Date _____
FIRM TYPE	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SS LINE <input type="checkbox"/> FORWARDER <input type="checkbox"/> AGENT <input type="checkbox"/> TRUCKER <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> OTHER
SPEECH WORKS	_____ VERIFY SCAC _____
BILLING NUMBER	_____
CREDIT	<input type="checkbox"/> EXPIRATION DATE _____
CREDIT REMARKS	_____
TRAC LEASE SHUT OFF	<input type="checkbox"/> OTHER _____