



Account Application

Please fax or mail to: ShipCom: Attn. Sales Department
7700 Rinla Avenue
Mobile, AL 36619
Phone: 251-666-5110 Fax # 251-666-8339

A: Type of Subscriber <input type="checkbox"/> Personal <input type="checkbox"/> Company		Promotion Code:
B: Personal Information		
Last Name: _____ First Name: _____ Middle Initial: _____		
Address: _____		
City: _____ State/Prov.: _____		
Country: _____ Zip/Postal Code: _____		
Country & City codes, code & Tel.# _____ Fax #: _____		
E-mail address _____		
Alternate Contact: _____ Phone #: _____		
C: Company Information		
Full Legal Company Name: _____		
Operating as (trade style): _____		
Department(if applicable): _____		
Contact: _____ Ext.: _____		
Address: _____		
City: _____ State/Prov.: _____		
Country: _____ Zip/Postal Code: _____		
Country & City codes, code & Tel.# _____ Fax #: _____		
Company e-mail address _____ Website: _____		
D: Vessel Information		
Vessel Name: _____ Radio Call Sign _____		
Country of Registry: _____ Home Port _____ MMSI #: _____		
E: Credit Card Information		
Credit card information required for all Premium Plan accounts		
<input type="checkbox"/> Company credit card <input type="checkbox"/> Personal credit card		
Type of credit card <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex		
Card number: _____ Expiry Date ____/____/____ (mm/yy)		
Name on card: _____		
Cardholder signature: _____		
<small>The Credit Card information I submit herein is true and accurate to the best of my knowledge and belief. Because this ShipCom service is located near Mobile, Alabama and when service is rendered, I am aboard my ship at dock, underway at sea or in the air, I am then unavailable to personally hand sign a Credit Card Charge ticket. Therefore I hereby specifically authorize and furnish my credit card particulars for filing to accommodate subsequent radio link communication expenses incurred on my behalf, to be charged to my Credit Card account by ShipCom, LLC. I understand that my Credit Card statement will reflect charges as being due to ShipCom, LLC.</small>		
Authorized name (please print):	Authorized Signature:	Date: (dd/mm/yy) ____/____/____
<i>For ShipCom internal use only:</i>		
<i>Approved:</i>	<i>Date:</i>	<i>Account # Assigned:</i>