



PORT OF  
TAURANGA

Please fill out the below form to confirm that you accept applicable Port of Tauranga charges.

<b>Port Cost Acceptance Form</b>	
Please charge our account	
Company Name:	
Account Number:	
Container Number/s:	
Purchase Order:	
Name of employee:	
Date:	

**COMPLETED FORMS SHOULD BE EMAILED TO:**

Tauranga Container Terminal (TCT)

[tctadmin@port-tauranga.co.nz](mailto:tctadmin@port-tauranga.co.nz)

