

DIRECT BILLING AGREEMENT

It's mandatory to fill in this template digitally in a PDF format and email this file (3 pages) to gate.got@apmterminals.com from the attested person's official email address.

Direct billing customer <i>All rows are mandatory to be filled.</i>	Date of the agreement request:
Direct Billing Company Name:	
Association number	
Tax ID	
Contact person for this agreement Full Name:	
Contact person Email address:	
Contact person Phone number:	
Core Business Area: (Ctrl+ click to select more options)	Other, please describe in text
Direct billing coverage: (Ctrl+ click to select more options)	Other, please describe in text
Billing email	
Invoice Reminder email	
Postal address	

Conditions of payment:

Payment terms are 20 days from issue date of invoice.
Interest on overdue payments will be charged in accordance with the Swedish Interest Act.
Please quote invoice number when making payment.

Invoice dispute

All disputes against invoices should be made within 8 days of receipt of the invoice.
Please check the web site for the updated instructions.

All services provided by APM Terminals Gothenburg AB are a subject of APM Terminals **"Terminal Tariff"** and **"Terms of business"** stated at APMT website (click [here](#) or copy the link <https://www.apmterminals.com/en/gothenburg/services/terminaltariff>).

Please read the documents carefully. By ordering a service, you confirm your understanding and acceptance of the terms and conditions stipulated in the "Terminal Tariff" and "Terms of business" documents.

ATTENTION! Please be advised that the direct billing can only work properly when the correct shipper consignee is chosen timely and correctly in APM Terminals system N4. Your designated liners should know the process to choose the consignee in N4. Should there be an question related to this process, please reach out to Gate Team gate.got@apmterminals.com . In case of a retroactive request, an invoice re-handling fee will be applicable for each invoice.

Written confirmation via email from the attested person's official email address is mandatory. By sending the confirmation, the direct billing customer is agreeing with APM Terminals Gothenburg on the direct billing setup according to the table above.

Should you have any **question**, please send your email to [Gate Team](#).

To stay tuned to the latest market trend and our new services by subscribing our **newsletters** [here](#) in English or Swedish.

This direct billing agreement with APM Terminals Gothenburg is approved by:

Full Name	
Title	
Company Name: Date of signature:	

Wish you a pleasant day!

Yours sincerely,

APM Terminals Gothenburg

APM Terminals Internal use only

APM TERMINALS IFS Customer Creation/Change Template Version 1.0			
PLEASE FILL OUT FORM COMPLETELY, MISSING INFORMATION WILL RESULT IN THE FORM BEING RETURNED.			
Entity Name	APM Terminals Gothenburg	Entity Code:	SE031L
Purpose:	_____	Payment Terms:	20
Customer Stat Group:	_____	Currency:	SEK
Customer Group:	_____		
Tax Code:	_____		
Requested By:	_____		
Approved By	_____		
Date:	_____		