

**Alabama State Port Authority
Truck Control Terminal**

REQUIRED INFORMATION TO DELIVER A LOAD

1. Shipper: _____

2. Vessel/Ship Name: _____

3. Voyage Number: _____

4. Commodity: _____

5. Booking Number: _____

6. Marks/ID: _____

7. Discharge Port: _____

8. Customer Acct of: _____

Fax Number: 251.441.7240

Email Address: truckcontrol@alports.com

IMPORTANT—You must have your name and truck number on fax

Name: _____

Truck: _____

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