



NEW BUSINESS INCENTIVE APPLICATION FORM

Mail: The St. Lawrence Seaway Management Corporation
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LAKER OCEAN BARGE COMBINED BARGES
 Check one of the above

Carrier Name: _____
 Address: _____
 Telephone: _____ Fax: _____

NOTE: APPROVAL MUST BE OBTAINED PRIOR TO INITIAL SHIPMENT OF CARGO TO QUALIFY FOR INCENTIVE RATES

CARGO/ORIGIN/DESTINATION COMBINATION INFORMATION						SHIPPER/CONSIGNEE INFORMATION		FOR SLSMC USE ONLY
Commodity	Port of Origin	Port of Destination	Anticipated Volume	Anticipated Date of Shipment	Previous Routing / Mode	Name of Shipper	Name of Consignee	Approval - Case #

The undersigned certifies that the information given in this declaration and in any document attached hereto is true, correct and complete in very respect.

Name: _____ Title: _____ Signature: _____ Date: _____

NB.: The St. Lawrence Seaway Management Corporation (SLSMC) reserves the right to modify its decision and cancel an approved combination under the New Business Incentive Program if it discovers that the information by which the approval was given was not true/accurate. SLSMC also reserves the right to charge and collect the full amount of tolls retroactively, at its discretion, should the information in this declaration not be true/accurate.