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# Cost Acceptance

## Company:

Please charge our account no. \_\_\_\_\_ for:

- Demurrage
- Hazardous Storage
- MPI Inspection Movement
- Customs X-ray Movement
- Customs Inspection Movement
- Other (please specify)

On the following containers:

Please reference the following job or PO # on your invoice:

Name of employee:

Date:

Please e-mail this acceptance through to both Transport Co-ordinators [assistd@poal.co.nz](mailto:assistd@poal.co.nz) and Customer Service [customerservice@poal.co.nz](mailto:customerservice@poal.co.nz)

**Note:** any invoice queries should be made within 7 days of receipt of the invoice.