



NEW CUSTOMER INFORMATION REQUEST FORM

Please complete the following information and return to Account Management Specialist (StyreneCS@amsty.com) and Account Executive.

Customer Name: _____
Please Enter Company Legal Name (should match W9)

Customer Phone: _____
Please Enter Main phone number

Payer Address: _____
Address of Headquarter Location

Sold-to Address: _____
Address of location submitting orders, if different than Payer listed above

Ship-to Address: _____
If there are multiple locations to be set up, please submit a form for each location

Bill-to/Invoice Address: _____
Address of Accounts Payable location, if different from Sold-to or Payer

Order Acknowledgement Contact Email: _____
Please enter Name and Email address of contact to receive Order Acknowledgements (OA). Max number of contacts allowed is three, per Sold-to Location

BOL Contact Email: _____
Please enter Name and email address of contact to receive Bill of Lading (BOL). Max number of contacts is four, per Ship-to location.

COA Contact Email: _____
Please enter Name and email address of contact to receive Certificate of Analysis (COA). Max number of contacts is eight, per Ship-to.

HEADQUARTERS

24 Waterway Avenue, Suite 1200, The Woodlands, TX 77380
toll free: 844-512-1212 | local: 832-616-7800



Invoice Contact Email:

Please enter Name and Email address of contact to receive Invoice copies. Max number of contacts is four per Bill-To/Payer/Sold-to location.

Accounts Payable Contact Email:

Please advise Name and Email address of contact(s) that will provide status updates on outstanding receivables, payments and discrepancies

Has credit application been submitted to AmSty? ☐ Yes ☐ No

Have tax exemption certificate(s) (one is needed for each state we will be shipping too) been submitted to AmSty? ☐ Yes ☐ No

Has W9 form been submitted to AmSty? ☐ Yes ☐ No

Will material be shipped via (check all that apply)?

☐ Railcar ☐ Tank Truck ☐ Barge ☐ Other (Please provide other MOT)

TANK TRUCK SHIPPING REQUIREMENTS:

Please fill out this Tank Truck section below if you require Tank Truck shipments

Delivery Requirements (please ensure all fields are populated)

Receiving Hours:

Appointment Required? ☐ Yes ☐ No

If yes, please advise contact information:

Enter contact information

Certificate of Analysis Required Upon Delivery? ☐ Yes ☐ No

What type of truck is needed for unloading? ☐ Rear ☐ Center ☐ Both

Do you need a pump on the delivery truck? ☐ Yes ☐ No

Do you require a hose? ☐ Yes ☐ No

If yes, what length of hose is needed: Enter length of hose required for discharge

Is there a connection mate required? ☐ Yes ☐ No *If yes, indicate which type:* ☐ Male ☐ Female

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Connection Size in Inches? ☐ 1 ☐ 1.5 ☐ 2 ☐ 2.5 ☐ 3 ☐ 4 ☐ 6

Do you require a specific connection type? ☐ Regular ☐ Camlock ☐ Dry Break

Is ground level vapor recovery needed? ☐ Yes ☐ No

If yes, please select what type is needed: ☐ Rear ☐ Center

Please list any PPE requirements for offloading with Driver: _____

Please list any other requirements not listed above: _____

Will customer be delivering to Mexico or Canada? ☐ Yes ☐ No

If yes, please provide broker details in the Export section below.

FOR EXPORT SHIPMENTS:

For shipments with destinations in Canada and Mexico, please provide Customs Broker information:

Name of Customs Broker: _____
Please enter full name of Customs Broker

Address of Customs Broker: _____
Please enter address, city, state, zip code and country

Name of Freight Forwarder: _____
Please enter full name of Freight Forwarder

Sold-to Address: _____
Address of location submitting orders, if different than Payer listed above

Address of Freight Forwarder: _____
Please enter address, city, state, zip code and country

RAIL SHIPPING REQUIREMENTS:

Please fill out this Rail section below if you require Rail shipments

Please confirm Rail Address if shipping via rail: _____
Please enter rail address

Please confirm delivering railroad: _____
Please enter delivering railroad

Is this rail location a 3rd party location (terminal)? ☐ Yes ☐ No

Is this rail location company owned? ☐ Yes ☐ No

Will customer be delivering to Mexico or Canada? ☐ Yes ☐ No

If yes, please provide broker details in the Export section below.

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FOR EXPORT SHIPMENTS:

Please fill out this Rail section below if you require Rail shipments

For shipments with destinations in Canada and Mexico, please provide Customs Broker information:

Name of Customs Broker: _____
Please enter full name of Customs Broker

Address of Customs Broker: _____
Please enter address, city, state, zip code and country

Name of Freight Forwarder: _____
Please enter full name of Freight Forwarder

Address of Freight Forwarder: _____
Please enter address, city, state, zip code and country

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