



## NEW CUSTOMER INFORMATION REQUEST FORM

Please complete the following information and return to Account Management Specialist (PSCS@amsty.com) and your Sales 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*

Contact Name: \_\_\_\_\_  
*Name of person who will be submitting Purchase Orders for Sold-to 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 ☐ Hopper ☐ Truck ☐ Box Truck

**HOPPER TRUCK SHIPPING REQUIREMENTS:**

*Please fill out this Hopper Truck section below if you require Hopper 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

**HEADQUARTERS**

24 Waterway Avenue, Suite 1200, The Woodlands, TX 77380

toll free: 844-512-1212 | local: 832-616-7800



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

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

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*

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.*

## **HEADQUARTERS**

24 Waterway Avenue, Suite 1200, The Woodlands, TX 77380

toll free: 844-512-1212 | local: 832-616-7800



#### 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*

#### BOX TRUCK SHIPPING REQUIREMENTS:

*Please fill out this Hopper Truck section below if you require Box 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*

**Please list any other requirements needed not listed above:** \_\_\_\_\_

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

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

#### HEADQUARTERS

24 Waterway Avenue, Suite 1200, The Woodlands, TX 77380

toll free: 844-512-1212 | local: 832-616-7800