



## 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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**SALES USE TAX EXEMPTION CERTIFICATE**  
PLEASE COMPLETE EACH SECTION AND RETURN TO:

Americas Styrenics and / or its subsidiaries  
Customer Financial Services  
24 Waterway Ave., Suite 1200  
The Woodlands, TX 77380

**The undersigned certifies the following tax status by state / province on purchases from Americas Styrenics and / or its subsidiaries**

Purchases delivered to or picked up from:	E = Exempt T = Taxable <i>(circle one per State/Province)</i>	All exemptions will be considered blanket unless noted below:	If exempt, circle the applicable reason: 1. Resale 2. Incorporation into finished product 3. Used or consumed in manufacturing 4. Exempt by statute 5. Purchaser holds direct pay permit	Provide each states' Taxpayer Registration or Permit No.																																								
State / Province _____ State / Province _____ State / Province _____ State / Province _____ State / Province _____ State / Province _____ State / Province _____ State / Province _____	E or T E or T E or T E or T E or T E or T E or T E or T	_____ _____ _____ _____ _____ _____ _____ _____	<table border="0"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	_____ _____ _____ _____ _____ _____ _____
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The undersigned further certifies that if any purchase made under this exemption certificate is used in a taxable manner, purchaser agrees to assume liability and report and pay the tax to the proper tax authority and hold Americas Styrenics harmless for said tax and from all expenses connected herewith.

Company: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**CUSTOMER CONTACT**

Name \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

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