



NEW CUSTOMER INFORMATION REQUEST FORM

Please complete the following information and return to Account Management Specialist (StyreneCS@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 Tank Truck Barge Other Please provide other MOT

Please confirm TBC Requirements: 10-15PPM Other

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

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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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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| 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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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