SERVICE STEEL AEROSPACE
NEW CUSTOMER OR NEW SHIP TO
INFORMATION REQUIRED TO PROCESS

Date: _____   **Branch:** _____   **(27,28,29,96,274)**

Customer Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Fax #: _____

I/S Territory: _____ **(100   200   300   400)**

O/S Territory: _____

Sales Territory: _____

Person Completing Form: _____

Delivery Method: _____ **(CC - Common Carrier, OT - Our Truck, CP - Customer Pick-Up**

Customer Preferred Truck Line: _____

Freight Responsibility: _____ **(CH - Charge, P - Prepaid, C - Collect, OT - Our Truck, WC - Will Call, CP - Customer Pick-up)**

FOB Point: _____ **(O - Origin, D - Destination)**

Purchasing Contact: _____

Credit App Fax: _____ **(Yes/No)**

Accts Payable Email (Required for International Accts): _____

Method of Payment: _____

SHIP TO #1

Name: _____

Phone #: _____

Address: _____

City: _____

ST: _____

Zip: _____

SHIP TO #2

Name: _____

Phone #: _____

Address: _____

City: _____

ST: _____

Zip: _____