



A Higher Standard of Performance.™

an EnPro Industries company

Credit Application

Billing Information

Business Name: _____

Billing Address: _____ Previous acct. # : _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact Name: _____ Phone: _____

Principle: _____ Phone: _____

AP Contact: _____ AP Phone: _____

AP Address: _____ AP E-mail: _____

City: _____ State: _____ Zip: _____

I agree to STEMCO Terms and Conditions and payment within terms, Net 30 Days: We have the right to place the account on credit hold and hold further shipments for past due amounts. If sent to collections, customer will be responsible for collection fees applied to the account.

By checking the box we agree to the Terms and Conditions above.

Approval signature:

 Print Sign Date

E-Mail Invoices: NO YES - If yes invoices will not be mailed **EDI** NO YES

E-mail address: _____

Physical Ship-to Information

Ship-to Name: _____

Ship-to Address 1: _____

Ship-to Address 2: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Contact Title: _____ E-mail: _____

Multiple Ship To Locations: NO YES

If yes attach a separate list with address & contact information for all additional locations.

Sales Tax Exempt Form required for Bill-to and each Ship-to location

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Shipment Routing

Please provide courier/LTL carrier information to be used in case of collect shipments

UPS Account # _____ LTL - Truck Carrier: _____

FedEx Account # _____ LTL - Truck Carrier Account #: _____

Shipments meeting the requirements in the STEMCO freight policy will be shipped via STEMCO chosen carrier.

BANK/CREDIT REFERENCE

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip _____

Phone: _____ E-mail _____

Account Number: _____ Fax _____

Bank Reference Approval Sign _____

: Print _____ Date _____

DUNS # _____

Trade References:

1	Company	_____	Account #	_____	Contact	_____
	Address	_____	Phone	_____	Fax	_____
2	Company	_____	Account #	_____	Contact	_____
	Address	_____	Phone	_____	Fax	_____
3	Company	_____	Account #	_____	Contact	_____
	Address	_____	Phone	_____	Fax	_____

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