

CREDIT APPLICATION

Billing Information

Business Name:									
Billing Address:						Previou	ıs Acct. #		
City:			State:		Zip:				
Phone:			Fax:		Email:				
Contact Name:					Phone:				
Principle:					Phone:				
AP Contact:					AP Phone:				
AP Address:					AP Email:				
City:			State:		Zip:				
to the account. By checking Approval signat		ve agree to the Te	erms and Condi	itions abo	ove.				
Print			Sign					Date	
Email Invoices:	□NO	YES - if yes, inv	oices will not be m	nailed		EDI:	□NO	YES	
Email address									
Physical Ship-to	Informati	ion:							
Ship-to Name	5:								
Ship-to Address 1	:								
Ship-to Address 2	2:								
City	/ :			State	2:		-	Zip:	
Contact Name	2:				P	hone:			
Contact Title	5:				· ·	Email:			
Multiple Ship-to	Location	s: NO Y	ES						
		Idress & contact inform		al 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	r information to be used	in case of collect shipr	nents

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:		Email:			
Account Number:			Fax:		
Bank Reference Approval					
Sign:					
Print:			Date:		

DUNS #:

Trade References:

Company 1:	Company Name:	Account #	:	Contact:	
	Address:	Phone	:	Fax:	
Company 2:	Company Name:	Account #	:	Contact:	
	Address:	Phone	:	Fax:	
Company 3:	Company Name:	Account #	:	Contact:	
	Address:	Phone	:	Fax:	

