

BEEMAC - NEW CUSTOMER SET UP



1.) Complete all fields	Submit
2.) Email to Credit Dept. by clicking submit or send to Credit.requests@beemac.com	

Prepared by:	DATE:
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Customer Name:	AP Contact
Prior Beemac code:	Bill To
Physical Address	Same address? <input type="checkbox"/>
City	Address
State	City
Zip	State
Contact	ZIP
Phone #:	Phone
Fax:	Fax
MC#	AP Contact email
DUNS #	Invoices email

Requested Credit Limit	REQUIRED	Is the customer a broker?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rate sheet needed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If Yes, complete the following</i>	
Trucking Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pick up city	
Logistics Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Destination city	
		Driver	
		Carrier	

Specific Customer Requirements

Special Billing Requests