

BEEMAC - NEW CUSTOMER SET UP



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

NOTE: Unless otherwise agreed in writing signed by both parties, Beemac Trucking, INC. assumes NET 30 payment terms.

Prepared by:	DATE:
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Customer Name:</td><td style="width: 150px;"></td></tr> <tr><td style="padding: 2px;">Prior Beemac code:</td><td></td></tr> <tr><td style="padding: 2px;">Physical Address</td><td></td></tr> <tr><td style="padding: 2px;">City</td><td></td></tr> <tr><td style="padding: 2px;">State</td><td></td></tr> <tr><td style="padding: 2px;">Zip</td><td></td></tr> <tr><td style="padding: 2px;">Contact</td><td></td></tr> <tr><td style="padding: 2px;">Phone #:</td><td></td></tr> <tr><td style="padding: 2px;">Fax:</td><td></td></tr> <tr><td style="padding: 2px;">MC#</td><td></td></tr> <tr><td style="padding: 2px;">DUNS #</td><td></td></tr> </table>	Customer Name:		Prior Beemac code:		Physical Address		City		State		Zip		Contact		Phone #:		Fax:		MC#		DUNS #		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">AP Contact</td><td></td></tr> <tr><td style="padding: 2px;">Bill To</td><td style="padding: 2px;">Same address?</td></tr> <tr><td style="padding: 2px;">Address</td><td></td></tr> <tr><td style="padding: 2px;">City</td><td></td></tr> <tr><td style="padding: 2px;">State</td><td></td></tr> <tr><td style="padding: 2px;">ZIP</td><td></td></tr> <tr><td style="padding: 2px;">Phone</td><td></td></tr> <tr><td style="padding: 2px;">Fax</td><td></td></tr> <tr><td style="padding: 2px;">AP Contact email</td><td></td></tr> <tr><td style="padding: 2px;">Invoices email</td><td></td></tr> </table>	AP Contact		Bill To	Same address?	Address		City		State		ZIP		Phone		Fax		AP Contact email		Invoices email	
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Requested Credit Limit		<i>Is the customer a broker?</i>	
Rate sheet needed?	Yes No		Yes No
Trucking Insurance	Yes No	<i>If Yes, complete the following</i>	
Logistics Insurance	Yes No	Pick up city	
		Destination city	
		Driver	
		Carrier	

Specific Customer Requirements

Specific Billing Requirements