

## BEEMAC LOGISTICS - NEW CUSTOMER SET UP



1.) Complete all fields	SUBMIT
2.) Email to Credit Dept. by clicking submit or send to <a href="mailto:creditrequests@beemaclogistics.com">creditrequests@beemaclogistics.com</a>	

Prepared by:	DATE:
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<table style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Customer Name:</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">CRM Code:</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Physical Address</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">City</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">State</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Zip</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Contact</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Phone #:</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Fax:</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">MC#</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> </table>	Customer Name:		CRM Code:		Physical Address		City		State		Zip		Contact		Phone #:		Fax:		MC#		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">AP Contact</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Bill To</td><td style="border: 1px solid black; width: 100%; height: 20px;">Same address? <input type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Address</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">City</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">State</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">ZIP</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Phone</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Fax</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">AP Contact email</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> <tr><td style="padding: 2px;">Invoices email</td><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr> </table>	AP Contact		Bill To	Same address? <input type="checkbox"/>	Address		City		State		ZIP		Phone		Fax		AP Contact email		Invoices email	
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Zip																																									
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Fax																																									
AP Contact email																																									
Invoices email																																									

Requested Credit Limit		<i>Is the customer a broker?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Logistics Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Specific Customer Requirements

Special Billing Requests