



# New Customer Setup Form

Revision no. 001  
Revision Date: 7/1/2021

Please respond to all questions/fields. If the question does not apply to your company, please indicate N/A. The following information is confidential and will be used only by NeuAG, LLC. Please return the completed form via email to CustomerService@neu-ag.com. Thank you!

NEW CUSTOMER     ADDRESS CHANGE

CUSTOMER NAME (Legal Name)	

CUSTOMER MAIN ADDRESS				
Street:		City:		State:    Zip:

PHONE:		EMAIL:	
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CONTACT INFORMATION			
Contact 1:		Phone:	
Contact 2:		Phone:	

PRODUCTS	ESTIMATED ANNUAL VOLUME

<b>PRODUCT END USE</b> <i>(PLEASE PROVIDE A SHORT COMMENT ON THE END USE OF THESE PRODUCTS)</i>



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## BILL-TO NAME (Legal Name)

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## SHIP TO – TERMINAL / PLANT INFORMATION

<b>Address:</b>		<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Primary Contact:</b>							
<b>Direct Phone:</b>		<b>Cell Phone:</b>					
<b>Fax:</b>		<b>Email:</b>					
<b>After hours/Emergency Contact:</b>							
<b>Direct Phone:</b>		<b>Cell Phone:</b>					
<b>Days/Hours of Operation:</b>	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> 24/7						
<b>TRUCK REQUIREMENTS:</b>							
<b>Receiving:</b>	<input type="checkbox"/> By Appointment <input type="checkbox"/> First Come First Serve						
<b>Documents:</b>	<input type="checkbox"/> BOL <input type="checkbox"/> COA <input type="checkbox"/> Weight Ticket						
<b>RAIL REQUIREMENTS:</b>							
<b>Rail Line:</b>		<b>Station:</b>		<b>Siding Capacity:</b>			
<b>BARGE REQUIREMENTS:</b>							
<b>Port/Dock:</b>		<b>Mile Marker:</b>		<b>River:</b>			

**COMMENTS OR SPECIAL REQUIREMENTS (PLEASE FEEL FREE TO ADD ANY ADDITIONAL INFORMATION WHICH WILL HELP US BETTER SERVE YOUR NEEDS)**

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COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DUPLICATE PAGE 2 AS NEEDED FOR ALL SHIP-TO LOCATIONS