



Date:

Susquehanna Rep Name:

BILL TO:

Account Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone Number:

SHIP TO: Same as "Bill To"? Yes No

Account Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone Number:

CONTACTS (name, phone #, email address):

Primary / Buyer:

Finance / AP:

EDI:

Customer Serv:

ORDERS TRANSMISSION: EDI CSV EMAIL

Contact (717) 684-2155 to give your credit card information. This will be required to begin production. Signing this document authorizes Susquehanna Glass Company to charge the credit card on file for payments due and any past due per agreed upon terms. Signee agrees to keep credit card information with Susquehanna Glass Company up-to-date at all times. Signee acknowledges that the above information is complete and correct to the best of their knowledge.

Cardholder Signature:

Date:

Please forward a copy of your W-9 and Tax Exempt Certificate if applicable. Orders without a Tax Exempt on file will have applicable tax.

SHIPPING

SHIPPING via Parcel [UPS/FedEx] :

Ship on Susquehanna Account #	Ship on 3rd Party Account #
Shipping costs per PO will be applied at invoicing.	Account #: Ship Notifications emailed to: Invoices emailed to:

SHIPPING via Truck [Freight]: Does Not Apply Applies

SGC's Receiving Contact: <u>Logistics@susquehannaglass.com, 717-684-2155,</u> Contact:		
Receiving Hours:	Time Zone:	Appointment Req'd:
Receiving Phone #:		Appointment Phone #:
Routing Guide:	If yes, email a copy to Logistics@susquehannaglass.com	
Labeling Guide:	If yes, email a copy to Logistics@susquehannaglass.com	
Straight Truck Access:	Tractor Trailer Access:	
Special Shipping Instructions [all incur an additional charge] check all that apply:		
Require a lift gate	Require inside delivery	
Limited Access Address	Require notification of delivery time	
Ship Collect?	Account #:	Carrier: