



CUSTOMER APPLICATION

Please email completed application to the S2S Global Customer Service team at orders@s2s-global.com

Questions? Call (855) 531-7699 or email orders@s2s-global.com

Section 1

Legal Corporate Name:		Telephone #	
Trade Name:		Fax #	
Premier Entity Code (if applicable):		DUNS #	
Billing Address:	City:	State:	Zip:
Shipping Address:	City:	State:	Zip:
Type of Business: Medical ___ Dental ___ Jan/San ___ Hospitality ___ Vet/Pet ___ Industrial ___			
Exempt from Sales Tax? Yes _____ No _____ #			

Section 2

Accounts Payable Manager:	Telephone #	Fax #
Email:	Email for Invoices:	
Company Officers:		
Name:	Title:	
Name:	Title:	
Name:	Title:	

Section 3 – Additional Documentation Needed

Please provide: <ul style="list-style-type: none">• Copy of tax-exempt certificate, if applicable• Copy of current W9
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Credit Line Request: _____

Estimated Annual Purchases (\$): _____

Payment Terms: **Net 30**

By signing below, you 1) Attest the information provided is true and accurate; 2) Authorize S2S Global to investigate bank & trade references; 3) Agree to pay according to S2S Global standard terms of sale appearing on S2S Global billing invoice.

Signature of Officer

Title

Date

Section 4 – FOR INTERNAL USE ONLY

Credit limit:
Freight terms:
Pricing method:
Payment terms: