Document Type: Form
Document Name: S2S Global New Customer Application Form

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New Customer Application Form

Instructions: Please complete all applicable sections and return the completed application with any required supporting documents to the S2S Finance team at s2sfinance@s2s-global.com. Incomplete applications may delay account setup or order processing.

Questions? Call 704-931-3845 (Finance Team) or 855-531-7699 (Customer Service Team)

1. Business Information

Legal Business Name	
DBA / Trade Name	
Customer Telephone Number	
Business Type	☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other: _____
Federal Tax ID / EIN	
DUNS# (if applicable)	
Years in Business	
S2S Global Point of Contact/ Sales Rep	
Target Go Live Date	

2. Primary Contact Information

Primary Contact Name	
Title	
Phone	
Email	
Accounts Payable Contact	
Accounts Payable Email	

3. Billing and Shipping Information

Billing Address	
City / State / ZIP	
Shipping Address	☐ Same as billing
City / State / ZIP	
Receiving Contact	
Receiving Phone / Email	
Special Delivery Instructions	

4. Purchasing Information

Complete this section below or attach a separate forecast with application

Primary Products of Interest	☐ Exam Gloves ☐ Incontinence Products ☐ Isolation Gowns ☐ Apparels ☐ Pressure Infusion Bags ☐ Stethoscope ☐ Tourniquets ☐ Slipper Socks ☐ Mobility Aids ☐ Other: _
Estimated Monthly Purchases ($)	
Estimated Annual Spend ($)	☐ Under $25,000 ☐ $25,000 – $100,000 ☐ $100,001 – $500,000 ☐ $500,001 – $1,000,000 ☐ Over $1,000,000
Requested Credit Limit ($)	

5. Order Submission Information

Order Submission Method	☐ Email ☐ EDI ☐ Other
Order Submission Email / Contact	
Email/ EDI Contact Information	
Special Order Instructions	
Special Delivery Instructions & Freight Account Number (if applicable)	

6. Payment Terms and Tax Information

Requested Payment Terms	☐ Prepay ☐ Net 30 ☐ Other: _____
Preferred Payment Method	☐ ACH ☐ Check ☐ Wire Transfer
Delivery of Invoices	☐ Email ☐ EDI ☐ Other: _____
Billing Email for Invoices (via Email or EDI)	
Tax Exempt?	☐ Yes ☐ No
Tax Exemption Reason:	☐ Resale ☐ Government ☐ Non-Profit ☐ Manufacturing ☐ Other: _____
If Tax Exempt, Certificate Attached?	☐ Yes ☐ No ☐ N/A
Does your tax exemption certificate cover all U.S. states?	☐ Yes ☐ No

If not, (one certificate is required per ship-to state). Please list each applicable state(s) and complete the information below:

State: _____ | State Tax or Cert Number: _____ | Certificate Attached: ☐ Yes ☐ No
State: _____ | State Tax or Cert Number: _____ | Certificate Attached: ☐ Yes ☐ No
State: _____ | State Tax or Cert Number: _____ | Certificate Attached: ☐ Yes ☐ No

7. Trade References

Reference	Company Name	Contact Name	Phone / Email
1			
2			
3			

8. Bank Reference

Bank Name	
Account Type	
Bank Contact	
Phone / Email	

9. Authorization and Agreement

By signing below, the applicant certifies that the information provided is true and complete, authorizes verification of credit and references, and agrees to comply with applicable payment terms and account policies upon approval.

Authorized Signer Name	
Title	
Signature	
Date	

10. Internal Use Only

Application Received By	
Date Received	
Approved (Yes or No)	☐ Yes ☐ No
Approved Credit Limit	
Payment Terms Assigned	
Pricing Tiers	
Freight Terms	
Customer Account Number	
Additional Notes	
Final review and approval of above limits/terms/tiers	