



## New Business Account Form

Customer/Billing Information		
Business Name:		
Address:		
City:	State:	
Zip Code:	Phone Number:	
Fax:		
Purchase orders required? : <input type="checkbox"/> yes <input type="checkbox"/> no		
Primary Contact Information		
Name:		
Email:		
Business Phone:	Cell Phone:	
Would you like to receive order reminders? If so, in what form? <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Call		
Delivery Information		
<i>same as above:</i> <input type="checkbox"/> yes <input type="checkbox"/> no		
Name:		
Address:		
City:	State:	
Zip Code:	Phone Number:	
Email (for order confirmation):		
Credit Card Information		
What is your preferred form of payment? <input type="checkbox"/> Credit Card <input type="checkbox"/> Invoice		
<i>Note: If invoice is preferred form of payment, credit card will not be charged without customer's permission. Credit card will be used as form of payment if credit limit is exceeded.</i>		
Name as listed on credit card:		
Credit Card Number:		
Expiration Date (MM/YY):	CVV Code:	Billing Zip Code:
Type of card: <input type="checkbox"/> visa <input type="checkbox"/> mastercard <input type="checkbox"/> other:		

PLEASE MAIL OR EMAIL FORM TO CORPORATE OFFICE:  
27923 US HWY 81 | PO BOX 218 | FREEMAN, SD 57029 OR [CUSTOMER.SERVICE@STERN.CO](mailto:CUSTOMER.SERVICE@STERN.CO)

If you would like to be set up in our invoicing system, please complete the following information.

<b>Business and Banking Information</b>		
Federal Tax ID:	Amount of Credit Applying for: \$	
Bank Name:		
Bank Address:		
City:	State:	Zip Code:
Phone:		
Type of Account: <input type="checkbox"/> savings <input type="checkbox"/> checking <input type="checkbox"/> other:		
Account Number:		
<b>Business / Trade References</b>		
<b>Company Name:</b>		
Contact Person:		
Type of Account:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
<b>Company Name:</b>		
Contact Person:		
Type of Account:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
<b>Company Name:</b>		
Contact Person:		
Type of Account:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
<b>Agreement</b>		
1. All invoices are due and paid as follows: - Lubricants net 30    - Propane net 15    - Fuel net 10 2. Claims arising from invoice errors or corrections must be submitted, in writing, within seven working days. 3. By submitting this application, you authorize STERN CO. to make inquiries into the banking and business/trade references that you have supplied above.		
<b>Signature</b>		
Signature: _____		
Print Name: _____		
Title: _____ Date: _____		