

Account Manager: _____



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		
Billing Contact Information		
Name:		
Email:	Phone:	
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		
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:		

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

Business and Banking Information		
Federal Tax ID:	Amount of Credit Applying for: \$	
Bank Name:		
Bank Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:

PLEASE MAIL OR EMAIL FORM TO CORPORATE OFFICE:
27923 US HWY 81 | PO BOX 218 | FREEMAN, SD 57029 OR JULIE.WYNIA@STERN.CO

Account Manager: _____

Type of Account: <input type="checkbox"/> savings <input type="checkbox"/> checking <input type="checkbox"/> other:		
Account Number:		
Business / Trade References		
Company Name:		
Contact Person:		
Type of Account:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Company Name:		
Contact Person:		
Type of Account:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Company Name:		
Contact Person:		
Type of Account:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Preferred Method of Payment		
What is your preferred form of payment? <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> ACH		
<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>		
Electronic Funds Transfer (ACH) Authorization <i>(only complete if ACH is selected as preferred method of payment)</i>		
This authorization shall remain in effect until terminated upon 30 days of written notice by either the Customer or STERN Co. ACH transactions will be automatically processed on the 15 th and/or 27 th of each month, depending on which date you select.		
<i>Note: Fuel customer ACH processing will be 10 days after invoice date.</i>		
ACH process dates, select at least one: <input type="checkbox"/> 15 th of month <input type="checkbox"/> 27 th of month		
_____ (customer name) hereby authorizes STERN Co. to initiate credit and/or debit entries to the checking account indicated below, and also authorizes the depository institution named below to credit and/or debit such entries to this account.		
Agreement		
1. All invoices are due and paid as follows: Net 30 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. 4. All credit card transactions are subject to a 3.5% convenience fee and are subject to change.		

PLEASE MAIL OR EMAIL FORM TO CORPORATE OFFICE:
27923 US HWY 81 | PO BOX 218 | FREEMAN, SD 57029 OR JULIE.WYNIA@STERN.CO

Account Manager: _____

Signature	
Signature: _____	
Print Name: _____	
Title: _____	Date: _____

Tax exemption note: If you are tax exempt, please provide signed form with this application.

ACH note: If ACH is your preferred form of payment, please attach a voided check.