

Approved by : _____

SHIP TO APPLICATION / JOB INFORMATION SHEET

Phone 620-672-5678		Job Information:	Acct #	
Fax 620-672-3565		Customer Name:		
		Job Name:		
		Job Address:		
		Job City/State/Zip		
Estimated requested Job/	project credit Limit: \$	Joint check agre	ement: Yes [] No []	
Please check the appropri	ate statement.			
•			ect to sales and /or use tax for	r the State
	icking up material or receivin	· ·		
•	•		npt from sales or use tax. Ple	ase attach
•	ificate to establish exemption			
_	•	•	and signed, showing exempti	on for all
States where the applica	nt picks up material or receiv	es shipment delivery fror	n Stanion.	
COMPLETE INFO BELOW	ONLY IF JOB IS OVER \$5,000			
lob# D	efault PO#			
Job foremen:		e-mail address:		
Address:				
Project manager:		e-mail address:		
Address:		Telephone/ Fax #:		
General contractor:		e-mail address:		
Address		Telephone/Fax #:		
Address:		Telephone/Fax #:		
	Name & phone # of bondi	ng company		
Attach copy of bond.				
Additional information, sh	nipping instructions, etc.			
Service Center Location :				
Stanion Wholesale Use:				
Customer Acct #	Shipto Name _		Credit Limit	