



CUSTOMER SETUP FORM

SAP Action(choose)	If for a change, briefly describe:		
REQUESTER(choose)		DATE	
COMPANY NAME			
Bill to:		Ship To:	
Existing SAP #		Existing SAP #	

Bill To Address					
STREET/ NUMBER					
COUNTRY (choose)	US USA	STATE (choose)		CITY (choose)	
REGION (choose)	US USA	STATE (type)		CITY(type)	
POSTAL CODE		PHONE NUMBER		FAX	
TRANSPORT ZONE (choose)			TRANSPORT ZONE (ADD)		

Ship To Address					
STREET/ NUMBER					
COUNTRY (choose)	US USA	STATE (choose)		CITY (choose)	
REGION (choose)	US USA	STATE (type)		CITY(type)	
POSTAL CODE		PHONE NUMBER		FAX	
TRANSPORT ZONE (choose)			TRANSPORT ZONE (ADD)		
Tax Jurisdiction (choose)				DUNS #	

Contact Person (Accounts Payable or Purchasing Manager)					
CONTACT NAME		POSITION / TITLE			
PHONE NUMBER		FAX		CELL PHONE	
E-MAIL					

Email Addresses For Billing / Invoicing Only	
E-MAIL # 1	accountsreceivable@uszinc.com
E-MAIL # 2	
E-MAIL # 3	

Sales Data					
SALES ORGANIZATION:(choose)			DISTRIBUTION CHANNEL:(choose)		DIVISION: (choose)
Sales Data - Sales/Acct					
SALES OFFICE (choose)	DELIVERING PLANT (choose)		SALES GROUP (choose)		
Customer Group Sales Area (choose)			General / Marketing (choose)		
SEARCH TERM		Primary SIC Code		Secondary SIC Code	Primary NAICS Code

Sales Data - Billing	
INCOTERMS (choose)	PAYMENT TERMS (choose)
	Tax Code (choose)

Sales Data - OTHER CUSTOMER NOTES				
	Credit Amount - \$			
Customer Service Manager	Credit Department	Treasury	SAP Entry Notify Requestor	Controller
APPROVALS				