

## **Client Information Form**

Requested by	Date Requested:	
Check the app	ronriate hox:	
	•	
New Client:	New Ship to Address: Client Reactivation:	
New SOLD TO	Customer Master Request	
Sold To and/o	r Billing Address / Communication Info	
Company Nar	ne:	
Street Addres	s:	
City:		
State/Prov/Re	gion:	
Country:		
PO Box:	PO Box Postal Code:	
Phone:	Fax:	
Email:		
Contact Infor	nation	
Purchasing A	gent Name:	
Phone:	Fax:	
Email:		
Accounts Pay	able Contact:	
	Invoice To: Email:	
New SHIP-TO	Customer Master Request	
Associated SC	DLD TO customer(s):	
	ne:	
	s:	



## **Client Information Form**

		(Tax Jurisdiction
State/Prov/Region:		
Country:		
	PO Box Postal Code:	
Phone:	Fax:	
Email:		
COA Contact		
First Name:	Last Name:	
Phone:	Fax:	
Email:		
Shipping Information		
End Use:	Shipping Condition:	
Forwarder:	Customer Exempt:	
Additional Comments		

Please send completed form to <u>compoundsportal@westlake.com</u> or your assigned Account Manager or Customer Service Representative.



## **Client Information Form**

Completed by Internal WGC Team:	
Org Structure Info	
Company Code:	Division:
Distribution Channel:	Plant:
Sales Org:	
Payment and Shipping Information	
Currency:	Shipping Conditions:
Payment Terms:	Summary Bill:
Sales District:	INCO Terms 1:
Sales Office:	INCO Terms 2:
Sales Group:	Freight Disposition:
Transportation Zone:	(Applicable for Rail Only)
Credit Limit Requested:	
Tax Classification needed for affiliated Sold To: US,	CAN. MX. Other?
US Canada Mexico	Other:

Please send completed form to <a href="mailto:compoundsportal@westlake.com">compoundsportal@westlake.com</a> or your assigned Account Manager or Customer Service Representative.