



## ACCESS CHEMICALS & SERVICES LLC CUSTOMER PROFILE INFORMATION

Please complete the following information for each customer sold-to and ship-to location.

<b>General Business Information</b>	
Sold to:	Ship to:
County (for U.S. Customers)	

<b>Contact Information (Include at least one contact at the ship-to location)</b>			
Contact Name		Contact Name	
Title/Responsibility		Title/Responsibility	
Telephone		Telephone	
Fax		Fax	
Email		Email	
Contact Name		Contact Name	
Title/Responsibility		Title/Responsibility	
Telephone		Telephone	
Fax		Fax	
Email		Email	

Access Chemicals Representative: \_\_\_\_\_

<b>Documentation Requirements</b>				
Please indicate documents required by the customer, the number of copies, the media used to receive the document (fax, e-mail, misc.) and the recipient of the document. If special requirements are indicated, please attach a copy with details.				
Documents	Req'd (Y/N)	#Copies	Media	Recipient(s) & fax or email
Material Safety Data Sheet	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Bill of Lading	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Invoice	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Certificate of Analysis	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Special COA Requirements				

<b>Billing / Invoice Information</b>
Sales Tax Exemption#:
*Certificate must be faxed to the Accounts Receivable Department at (713) 988-5833 before order placement* (A sales tax exemption number is needed for each Ship-to location)
Special Invoice Requirements:

Delivery Information		
Delivery Terms		
	Primary	Secondary
Transportation Mode:		
Days Delivery Accepted:		
Delivery Hours:		
Delivery equipment requirements:		
Special Delivery Instructions:		

Product Information	
*For each product purchased from Access Chemicals, indicate preference/requirements:	
Product Description:	
Labeling/Marking Instructions:	
Additional product requirements:	

Product Stewardship
Does your company have a written Environment, Health, Safety and Security management system? _____
Name the EHS management system your company has committed to: _____
Do you intend to register this product for REACH? _____
Does your company physically receive this Product? _____
Product end use? _____

Please list any additional Profile Information: \_\_\_\_\_