



ShawPolymers
plastic raw materials

New Customer Form

Shaw Polymers, LLC

Legal Company Name: _____

Organization Type: Proprietor C-Corp. S-Corp. Partnership LLC LLP Other

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Rail Car Ship-To Address (1): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Ship-To Name: _____ Track #: _____

Delivering Carrier: _____ Delivery Hours: _____

Location Contact Name: _____ Title: _____

Phone Number: _____ E-mail: _____

Rail Car Ship-To Address (2): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Ship-To Name: _____ Track #: _____

Delivering Carrier: _____ Delivery Hours: _____

Location Contact Name: _____ Title: _____

Phone Number: _____ E-mail: _____

Bulk Truck Ship-To Address (1): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Delivery Hours: _____ Do you require a delivery appointment? Yes No

Location Contact Name: _____ Title: _____

Phone Number: _____ E-mail: _____



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Bulk Truck Ship-To Address (2): _____

City: _____ State: _____ Zip Code: _____ Country: _____

Delivery Hours: _____ Do you require a delivery appointment? Yes No

Location Contact Name: _____ Title: _____

Phone Number: _____ E-mail: _____

*If you have any additional ship-to locations, please include on an extra page.

Additional Information

Contact to send invoices to:

Contact Name: _____ Phone Number: _____

E-mail: _____

Special Instructions: _____

For Canadian Shipments Only:

Customs Broker: _____

GST Number: _____

SUBMIT | **→**