

Gautier Steel, Ltd.
Customer Data Sheet

Please complete a copy of this form for each new ship-to address

Please return by fax (814) 536-1610 or e-mail: jdietz@gautiersteel.com

Customer Name:	
Sold to address:	
Ship to address:	
Send acknowledgement to:	
Freight terms- (col/ppd):	
Delivery Terms:	F.O.B.
Gautier payment terms:	1/2% 10 days, net 30
Usual method of shipment:	☐ Truck - min. t/l: ☐ Rail - min. car wt.:
Carrier:	☐ Customer truck ☐ Specified carrier _____ ☐ Common carrier ☐ Other:
Equipment type: (i.e. flat open top trailer, gondola)	FLAT / OT
Tarp cover required?	YES / NO
Rail Routing (include short line)	
(If export): Customs broker name/contact, phone/fax #	
Restrictions (i.e. Dock hrs., delivery appt. Required)	
Phone # to call for delivery appt. (if required):	
Loading Instructions	
Max lift weight:	
Blocking required? List type:	
Bands required:	☐ tie wire ☐ bands- number: _____
Unloading method:	☐ fork truck- side ☐ overhead crane ☐ _____
Special loading instructions:	
Phone number and contact for shipping release (if required):	
Customer application:	
Special non-grade specific testing instructions:	
Fax # to ship test reports (if required):	
Purchasing Agent e-mail	
INTERNAL USE ONLY	Credit ☐ Cust. Database ☐ Mailing List ☐