



857 N. RICHMOND AVENUE • LINDENHURST, NY 11757
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NEW CUSTOMER DELIVERY INSTRUCTIONS

Customer Name: _____

Purchasing Contact: _____

A.P. Contact: _____

Address: _____

Street

City *ZIP*

Phone Number: _____

Fax Number: _____

Sales Tax: YES NO* *Signed resale certificate required.
(Please circle)

Resale Number: _____

Sales Terms: _____

Receiving Hours: _____

Max Skid Weight: _____

Unload: Hand or Forklift
(Please circle)

Special Unloading Instructions: _____

Directions/Landmarks: _____

Please return this form via fax or email. Thank you!