**PSI INBOUND APPOINTMENT ACCOUNT REQUEST FORM**

**Date**:       **First and Last Name**:

**Carrier Name**:       **SCAC:** **PSI Plant:**

Already using an Extranet Account at another PSI Facility?  Yes  No

If yes, do not complete the rest of this form and return.

**Dispatchers Information**

Please list all dispatchers in your group that will be creating appointments through Precision Strip

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| --- | --- | --- |
| **First and Last Name** | **E-Mail Address** | **Contact Phone Number** |
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**\*\* Primary Contact for Account:**

**Mill Information**

Please provide us the following information for EVERY Mill that you do business with (Note, Precision Strip is not a mill):

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| **Mill Name** | **Physical Address of Mill** |
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| ***For PSI Use Only:***  **Username:**       **Password:** |