

Peninsula Plastics Recycling, Inc.
New Customer Form

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Title: _____

Email: _____ Cell: _____

Credit App. Received (Approved Denied) Credit Limit: _____

Terms: Cash only Net 10 Net 30 Other: _____

Price Level: _____ Tax ID#: _____

Resale #: _____ Copy of Resale Certificate Obtained

BILL TO INFORMATION

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Title: _____

Email: _____

Preference for invoices: Mail Email: _____

SHIP TO INFORMATION

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Title: _____

Email: _____

Packaging Preferences: Supersacks Rail Bulk Truck Gaylords Other: _____