

CUSTOMER INFORMATION SHEET

Welcome! As a new customer, we will need some information to allow us to better serve your account needs. Please complete the form below and return to our Accounting Department at: invoicing@platinumpkggroup.com.

Full Company Name: _____
(If a subsidiary or division of a larger organization, please also specify parent company.)

DBA (if applicable): _____

Business Type: _____ In Business Since: _____
(Please specify if: Corp, LLC, Sole Prop, or other)

Company Address: _____

Street		Suite or P.O. Box #
City	State	Zip Code

Shipping Address: _____
(Please complete if different from above)

Street		Suite or P.O. Box #
City	State	Zip Code

NOTE: The Platinum Packaging Group sends out all invoices, payment receipts, and credit memos via email (unless otherwise requested). Please keep this in mind when completing the information below. Additional email recipients can be included on the lines provided below.

Authorized Person: _____
(Please provide either: Chief Officer or Purchasing Manager)

Name	Title	Phone Number and Ext.
Email Address	Fax Number	

Authorized Person: _____
(Please provide either: Financial Officer or Accounts Payable)

Name	Title	Phone Number and Ext.
Email Address	Fax Number	

Additional Emails: _____

In addition to the information above, please provide a copy of:

1. Completed W-9 Taxpayer Identification Number and Certification Form
2. Completed Sales Tax Rules and Regulations – Resale Card/Certificate

Authorized Signature

I certify that I am a representative of the above referenced company authorized to complete and submit the above information to The Platinum Packaging Group. To the best of my knowledge all information provided is correct.

Authorized Person: _____

(Printed Name)	(Title)
(Signature)	(Date)

For Office Use Only:

PPG Sales Representative: _____ Customer No. _____ Initial Terms: _____

CUSTOMER FINANCIAL AND CREDIT REFERENCES

Credit references should be companies with which you have accounts and terms of similar size and conditions as those being requested from The Platinum Packaging Group. Please complete the form below and return to our Accounting Department at: invoicing@platinumpkggroup.com.

Bank Name: _____ **Contact Person:** _____

Address: _____ **Phone Number:** _____

_____ **Fax Number:** _____

Creditor 1: _____ **Contact Person:** _____

Address: _____ **Phone Number:** _____

Email Address: _____ **Fax Number:** _____

Current Terms: _____ **Current Limit:** _____ **Current Balance:** _____

Creditor 1: _____ **Contact Person:** _____

Address: _____ **Phone Number:** _____

Email Address: _____ **Fax Number:** _____

Current Terms: _____ **Current Limit:** _____ **Current Balance:** _____

Creditor 1: _____ **Contact Person:** _____

Address: _____ **Phone Number:** _____

Email Address: _____ **Fax Number:** _____

Current Terms: _____ **Current Limit:** _____ **Current Balance:** _____

Terms and Credit Limit Requesting from The Platinum Packing Group:

Terms Requested: _____ **Credit Limit (\$):** _____

Order Frequency: _____ **Initial Order (\$):** _____

(Please provide a predetermined amount and specify whether weekly, monthly, or annually.)

We/I currently maintain an Annual Sales Volume of: _____

Authorized Signature

I certify that I am a representative of the above referenced company authorized to release the above information to The Platinum Packaging Group. To the best of my knowledge all information provided above is correct. I hereby authorize The Platinum Packaging Group to check references and other pertinent data.

Authorized Person: _____

(Printed Name)

(Title)

(Signature)

(Date)

For Office Use Only:

PPG Sales Representative: _____ Customer No. _____ Initial Terms: _____