



New Customer Information Sheet

Customer: Date: ____/____/____

Name: _____

Address: _____

City/State/Zip: _____

Contact(s): _____

Phone: _____ Fax: _____

E-Mail Address: _____

Billing: (Standard Terms are N30 – Payment Options are EFT/ACH, check or WIRE)

Bill To Address: _____

City/State/Zip: _____

A/P Contact: _____ Email: _____

Invoicing Email: _____

Phone: _____ Fax: _____

% Over: _____ %Under: _____

Yes / No - Prefer to have invoice emailed to _____

Invoicing Method: ___ One per Inv ___ Inv by PO ___ Inv by BOL

Note – If paying by ACH, please request Banking info with order

Shipping:

Ship To Address: _____

City/State/Zip: _____

Shipping Contact: _____ Phone: _____

Multiple Ship To Locations: YES NO (Attach Addresses)

Receiving Hours/Days: _____

Appointment Required: YES or NO

Special Instructions: _____

Can you receive LTL Shipments: YES NO

Liftgate Required for LTL: YES NO

Please Send completed Forms to: larue@vaplastic.com