

THE PLATINUM PACKAGING GROUP

CUSTOMER INFORMATION DATA SHEET

Thank you for your order. As a new customer, we will need some information to allow us to better serve your account needs. Please return to Platinum Packaging Group when completed.

Company _____

Street _____ P.O.Box _____

City _____ State _____ Zip Code _____

Telephone# _____ Fax# _____

County _____

Fed Employer ID# or Social Security # _____ Resale Cert Number _____
Copy of Resale Cert _____ Copy of W-9 _____

Type of Organization:

Sole Proprietor _____ Partnership _____ Corporation _____ Government Agency _____ Non Profit _____

Date Business Started _____

State of Incorporation (If applicable) _____

Annual Sales Volume _____

If a subsidiary or division of a larger organization, please name the parent organization: _____

Please list Owner. General Partners. Officers as applicable:

Sole Proprietor (Owner), Partnership (Managing Partner), and/or General Partner _____

Corporation (other) _____

President (CEO) _____

Vice President _____

Senior Purchasing Manager _____

CFO, Controller, or Accounts Payable _____

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 Platinum Packaging Group (PPG).

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Bank _____

Address _____

Telephone Number _____ Fax Number _____

Account Number(s) _____

I, _____, as an agent for _____

(Name) _____ (Company Name)

Authorize the above bank to release credit information to PPG for new customer information.

Signature _____ Date _____

Credit#1 Name _____

Address _____

Telephone number _____ Fax number _____

Credit#2 Name _____

Address _____

Telephone number _____ Fax number _____

Credit#3 Name _____

Address _____

Telephone number _____ Fax number _____

TERMS AND CONDITIONS REQUESTED (This section must be completed)

Credit Limit requested _____

Amount of initial order _____

Expected order frequency _____

Other comments _____

To the best of my knowledge the information above is correct. All information remains confidential. Please sign below to authorize Plastic Packaging Group to check references and other pertinent data.

Name (please print) _____ Signature _____

Position _____ Date _____

-----Platinum Packaging Group Use Only-----

References verified _____

D&B Rating _____

D&B Reports Obtained _____

Credit Limit Approved _____

Approved By _____

Sales Tax Exempt Yes ___ No ___

Exemption Certificate Received Yes ___ No ___

Financial Statements Received Yes ___ No ___

Billing Terms _____

Customer Number: _____

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Please return back by email to
sales@platinumpkggroup.com
Or 562. 630 .6716
HQ /WAREHOUSE
7627 Somerset Blvd
Paramount CA 90723
REMIT ADDRES
2117 Navy Street
Santa Monica CA 90405