



International Packaging of Authentic Cuisine

New Customer Information Form

Date / /

CONTACT INFORMATION:

Primary Contact Name _____

Title _____

Company Name _____

Company Address _____

City _____ State _____ Zip Code _____

Phone _____

Cell _____

E-mail _____

Type of Product _____

How did you hear about us? Website Referral
 Google Who? _____
 Social Media Other _____

Resale Certificate # _____

(For Florida Residents only - If you don't have Resale Certificate #, you will be charged Sales Tax)

Bill To:

Name/Company

Address

City/State/Zip

Ship To:

Name/Company

Address

City/State/Zip