



# International Packaging of Authentic Cuisine

## New Customer Information

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### CONTACT INFORMATION:

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Type of Product \_\_\_\_\_

Resale Certificate # \_\_\_\_\_

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



### ACCOUNT SET UP: *(This is not a credit application)*

#### BILL TO:

#### SHIP TO:

\_\_\_\_\_  
Name/Company

\_\_\_\_\_  
Name/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip