

**INTERSTATE**  **PACKAGING**  
**NEW ACCOUNT FORM**

Customer \_\_\_\_\_ Salesperson \_\_\_\_\_ Date \_\_\_\_\_

Customer Data	
Bill To:	Ship To:
Phone: ( )	Fax: ( )

Contact Information	
Purchasing Contact:	Phone #: _____ E-Mail Address: _____
Receiving Contact	Phone #: _____ E-Mail Address: _____
Accounts Payable Contact:	Phone #: _____ E-Mail Address: _____

Shipping Info	
Receiving Hours: _____	Dock Time Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Shipping Window: _____ Days Early _____ Late	Will you accept partials <input type="checkbox"/> Yes <input type="checkbox"/> No
Pallets <input type="checkbox"/> Customer Supplied <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Exchange	Charge for Pallets? Y / N _____
# of Units per pallet _____	Forklift to unload Y / N _____ Dock height _____
<b>Special Instructions:</b> _____	

For Internal Use Only	
Credit Form Sent to Customer: _____	Date _____ Initials _____
Credit Terms/Limit Requested _____	Limit _____ Approval Date _____
Sales Tax Exemption Request _____	Received _____

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ New Customer# \_\_\_\_\_