



SUPERIOR

FOOD SERVICE PACKAGING SPECIALISTS

PAPER & PLASTIC inc.

NEW ACCOUNT INFORMATION

ATTENTION: ALL SALES REPRESENTATIVES

Rep No. _____

The Order Desk will NOT open a new account unless this form is complete and basic information is in place.

Business Name _____

Address _____

City & Zip _____

Telephone() _____ Fax() _____

*Ship to Address _____

*Principal's signature authorization _____

*For multiple ship to locations, please attach separate sheet for each location

Contact Person/Buyer _____

Principal/Owner's Name _____

Checklist of other information required (No blanks please, write "N/A" if it does not apply):

_____ Credit Application (C.O.D. initially, allow 2-3 weeks for approval of terms by Credit Dept.)

_____ Resale Certificate

Office Use Only

_____ Customer Product List

Customer No. _____

_____ Customer Negotiated Prices

Entered By: _____

_____ New Item Request

Date _____

_____ Order Form

Remarks _____