



Custom packaging & supply programs

3228 N. Santa Fe Oklahoma City, OK 73118

ph. 405.232.01.94, fax: 405.232.0196

New Account Information

Account Name: _____

Account Bill To Address: _____

Account Ship to Address: _____

Phone# () _____ Fax#() _____

Accounts Payable Contact: _____ Phone# _____

Charge _____ C.O.D. _____
(Must have completed Credit App.)

Sales Tax ID# _____ Exp Date: _____
(Must have a copy of certificate)

Sales Person: ONLINE Set up by: _____

DBA: _____

Website: _____

Signature

*** *This form will not be processed if all the information is not included* ***