



"Speed, Quality, Economy..."

Customer Profile

BILLING INFORMATION

COMPANY: _____ PHONE: _____
 ADDRESS: _____ FAX: _____
 CITY: _____ STATE: _____ ZIP: _____
 WEBSITE: _____ E-MAIL: _____

SHIPPING INFORMATION

____ (same as bill to)

(Enter multiple "ship tos" on back)

COMPANY: _____ PHONE: _____
 ADDRESS: _____ FAX: _____
 CITY: _____ STATE: _____ ZIP: _____

GENERAL INFORMATION

COMPANY OWNERSHIP: Proprietorship Partnership Corporation YEAR ESTABLISHED: _____
 FEDERAL TAX ID # _____ IS COMPANY ISO CERTIFIED? Y N
 PROCESS: Blow Molder Profile Extruder Sheet Extruder Injection Molder Rotocast Compression Molder
 NUMBER AND TYPE OF MACHINES: _____
 ANNUAL COLORANT POUNDS/DOLLARS PURCHASED: _____
 RESINS USED: ABS Acetal Acrylic EVA Nylon PE PP PS/HIPS PVC PC
 TPE/TPO Urethane Other _____
 FORM OF COLORANT USED: Dry Color Bulk Dry Color Units Concentrate Pre-Color Liquid Other
 CURRENT COLOR SUPPLIER(S): _____
 MARKETS SERVED: Agriculture Automotive Construction Fiber Housewares Medical Toys
 Packaging Closures Packaging Containers Packaging Film Sporting Goods Other
 PRODUCTS MFG: _____

CONTACT INFORMATION

PURCHASING: _____ GENERAL MGR: _____
 ACCTS PAYABLE: _____ PROD MGR: _____
 QUALITY: _____

COLOR MATCH REQUIREMENTS

How many chips required? _____
 Q/C Tolerance: Above 1 CMC DE
 Below 1 CMC DE
 Non-Critical

MSDS with sample? Y N
 DE computer readings w/samples? Y N

Other: _____

ORDER REQUIREMENTS

Customer Part # on all paperwork? Y N
 Preship required before shipping orders? Y N
 Chips with shipment? Y N (How many? ____)
 MSDS with all shipments? Y N
 If shipping freight collect, preferred carrier: _____
 If expediting, UPS or Fed Ex Acct #: _____
 COA on all shipments? Y N
 DE computer readings with shipments? Y N
 Special packaging requirements? Y N (If yes, please indicate below)

(Please indicate other requirements and comments on back of sheet)

Other: _____