



New Customer Information Form

PEI Rep: \_\_\_\_\_

Date: \_\_\_\_\_

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Customer Name: \_\_\_\_\_

Contact: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Shipping Address:

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE:    DIST   

Customer Comment: \_\_\_\_\_

\_\_\_\_\_

Clicking Submit will automatically email this form to Plastic Engineering, Inc.