

INTERSTATE PACKAGING

NEW ORDER FORM

Customer _____ Salesperson _____ Date _____

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

Design No.	IPC Spec. #	Box #	Box Size Blank Size	Test/ Flute	Box Style	Joint	QTY	Price per M	Arr. Date
			X						
			X						
			X						
			X						
			X						
			X						
			X						
			X						

Printing Info	
Customer to Provide: (CHECK ONE)	<input type="checkbox"/> Sample <input type="checkbox"/> Full Detail Spec <input type="checkbox"/> Below
Print Info:	<input type="checkbox"/> None <input type="checkbox"/> GCM <input type="checkbox"/> PMS <input type="checkbox"/> Colors: #1 #2 #3 #4
Print Dies:	<input type="checkbox"/> New <input type="checkbox"/> Customer Supplied <input type="checkbox"/> Use existing Dies

Cutting Dies	
<input type="checkbox"/> N/A	<input type="checkbox"/> New <input type="checkbox"/> Customer Supplied <input type="checkbox"/> Use existing Dies:

Bundle/Unit Information	
Bundle <input type="checkbox"/> Yes <input type="checkbox"/> No	Standard overrun = +/-10% (specify otherwise)
QTY per Unit _____	Maximum Unit Height _____ Quantity Bundle _____
Special Instructions: _____	

Date: _____ New Customer# _____