



P.O. Drawer 20307
 Greensboro, NC 27420
 336-275-4800
 1-800-403-BAGS (2247)
 (FAX) 336-275-7242
 (FAX) 336-271-2511



Dear Customer:

Date _____

We wish to thank you for your order. Prior to processing your order, we request that the following information be sent.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone# _____ Fax# _____ Email _____

Sole Proprietorship ___ Social Security# _____ Owner's Name _____ Years in Business _____

Partnership ___ Corp. ___ Fed ID# _____

Authorized Buyers : _____

President: _____

Sales Manager: _____

Purchasing Agent: _____

AP Manager: _____

TERMS: Net 30 _____ COD _____ Credit Card (MC/VISA) # _____ EXP. _____ / _____

BUSINESS REFERENCES —Please give complete names and phone numbers. Trade references will be contacted and on the basis of favorable replies your order will be processed as quickly as possible.

	Name	Phone FAX #	Number & Street	City & State	Zip
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

DUN AND BRADSTREET LISTING: (Provide name if trading or doing business under another name other than name listed above.)

Name Listed Under	City	State	Zip
_____	_____	_____	_____

Bank References: Please give complete Names and Addresses

Bank	Contact	Address	Account Number	Phone #
1.	_____	_____	_____	_____