



CUSTOMER PRODUCT AGREEMENT

☐ GC-Waynesville ☐ Repack ☐ ESP ☐ GC-In.

Customer Name : _____ Shipper Name : _____

Customer Contact : _____ Shipper Contact : _____

Salesman: _____ Phone : _____ Fax: _____

Phone : _____ Fax: _____ Email : _____

Email : _____ Receiving Hours : _____ to _____

Who Arranges Carrier: _____ Mode of Trans: _____ Contact name for _____ Name: _____

Tax Exempt Certificate: _____ directions of delays _____ Number: _____

Freight Basis: _____ Price: _____ Effective Date of Price or Changes _____

PRODUCT INFORMATION

☐ - USP Grade ☐ - Technical Grade ☐ - Liquid Load ☐ - R & D

BULK SALT

REPACKAGING

☐ - Screened ☐ - Bags _____ - lbs
☐ - "Overs" (SO) ☐ - Sacks _____ - lbs
☐ - "Middle Cut" (SM) ☐ - Liquid _____ - %
☐ - "No Dust" (SMO) ☐ - Other _____ - %
☐ - "Dust Only" (DUST) _____
☐ - Other _____
☐ - " _____ "

☐ - Art Work Approval
☐ - Cartons _____ - lbs
☐ - Pouches _____ - lbs
☐ - Jugs _____ - lbs
☐ - Fragrance _____
☐ - Concentration _____
☐ - Dry Package Additives _____
☐ - Pallet Configuration ~ _____

Pouches Per Case _____

Boxes Per Pallet _____

☐ Product Id Code ☐ SCR # ☐ -BOM Title _____

SPECIAL CUSTOMER REQUIREMENTS

☐ Manufacturing Experiment _____ (if applicable)

New Manufacturing Experiment Number _____

Special Requirements - Items that are important to this customer

☐ - Packaging Instructions for this customer - ☐ - Top 5 Priorities for this customer are -
☐ - Double Wrap 1. _____
☐ - Corner Boards 2. _____
☐ - Liners Required 3. _____
☐ - Special Placards / Labeling / Inserts 4. _____
_____ 5. _____
☐ - Special Seals _____
☐ - Special Loading Instructions _____

SIGNATURES

Sales Representative Date

Quality Manager Date Plant Manager Date

Dir of Manufacturing Date President's Signature Date

☐ Customer Service Representative ☐ Controller ☐ Quality Department ☐ Plant Manager.



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