



CUSTOMER PRODUCT AGREEMENT

☐ GCC ☐ RePack ☐ GC-NY. ☐ GC-In.

Customer Name : _____

Customer Contact : _____ Phone _____ Fax _____

Shipping _____ City _____ State _____ Zip _____

Billing _____ City _____ State _____ Zip _____

1st shipment _____

PRODUCT INFORMATION

☐ - USP Grade ☐ - Technical Grade ☐ - Liquid Load

<input type="checkbox"/> - Screened	<input type="checkbox"/> - Bags _____ - lbs
<input type="checkbox"/> - "Overs" (SO)	<input type="checkbox"/> - Sacks _____ - lbs
<input type="checkbox"/> - "Middle Cut" (SM)	<input type="checkbox"/> - Cartons _____ - lbs
<input type="checkbox"/> - "No Dust" (SMO)	<input type="checkbox"/> - Pouches _____ - lbs
<input type="checkbox"/> - "Dust Only" (DUST)	<input type="checkbox"/> - Liquid _____ - %
<input type="checkbox"/> - Other	<input type="checkbox"/> - Other _____ - %
<input type="checkbox"/> - " _____ "	

☐ Product Id Code _____ ☐ SCR # _____

SPECIAL CUSTOMER REQUIREMENTS

☐ Manufacturing Experiment _____ (if applicable)

Special Requirements - Items that are important to this customer

<input type="checkbox"/> - Packaging Instructions for this customer -	<input type="checkbox"/> - Top Priorities for this customer are -
<input type="checkbox"/> - Double Wrap	_____
<input type="checkbox"/> - Special Placards	_____
<input type="checkbox"/> - Liners Required	_____
<input type="checkbox"/> - Special Sacks / Bags	_____
_____	_____
<input type="checkbox"/> - Special Loading Instructions	

Signature : _____ Date : _____

Plant Manager's Signature _____ Date _____

President's Signature _____ Date _____

☐ Customer Service Representative ☐ Distribution of Copies
☐ Controller ☐ Quality Department ☐ Plant Manager.