



GILES CHEMICAL ~ PREMIER MAGNESIA

Company Procedure

Title: **New Product/Customer Introduction**

Number: **P13-PR-100-F083**

Owner: **Jason Bumgarner**

Revision: **1**

Effective Date: **08-28-13**

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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 _____

APPROVAL SIGNATURES

Customer Sales Representative _____ Date _____

Sales _____ Date _____

Quality _____ Date _____

Plant Manager _____ Date _____

Operations _____ Date _____

President's Signature _____ Date _____

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