



PLASTIC PRINTING PROFESSIONALS

SECURITY. INNOVATION. VISION.

In order to set up your company with the correct information please complete the following and return by email to your P3 representative

Person to Contact (first & last name)	
Legal Company Name:	
Email:	
Website:	
Bill to Address:	
Billing Phone #:	
Billing Fax #:	
Ship to Address:	
Shipping Phone #:	
Shipping Fax #:	
Type of Business:	
Resale Certificate # (if applicable attach resale card)	
How did you hear of Plastic Printing	
Expected method of payment:	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Wire Transfer <input type="checkbox"/> COD
Signature:	
Printed Name:	
Title:	
Date:	

Unless Special terms are requested by Sales Department and approved by Bristol Accounting Department, All customers are 1/2 down- balance on ship - or - pre-pay