



Commercial Packaging

New Customer Information Form

**Please fax completed form to 309.888.9087 or
Scan via email to:
NewCustomer@commercial-bag.com**

PAGE 1 OF 3

Date: ___/___/___

Company Name: _____

DUNS Number: _____ Federal Tax ID #: _____ Sales Tax Exempt# _____

Number of Years in Business: _____ Nature of Business: _____

Website Address: _____

Billing Location:

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Purchasing Location:

Contact: _____ Title: _____

Address*: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email address: _____ Items purchased: _____

***If multiple locations, please provide additional addresses on a separate sheet.**



1 Paper Chase, Normal, IL 61761-9004
Phone: 309.862.0144 / Fax: 309.888.9087
8425 Fairway Place, Middleton, WI 53562-2548
Phone: 608.836.7181 / Fax: 608.831.9632

www.commercialpackaging.com
www.commercial-bag.com



Commercial Packaging Use Only	
Salesperson: _____	Credit Limit: _____
Approved: _____	Date: _____
<input type="checkbox"/> M & S	
<input type="checkbox"/> Inventory	CAS: _____
<input type="checkbox"/> Consignment	Terms: NET 30

PAGE 2 OF 3 – New Customer Information Form Continued

Bank Reference:

Name of Bank: _____ Branch: _____ Account No.: _____
Address: _____ City: _____ Postal Code: _____
Contact: _____ Tel: _____ Fax: _____

Trade References:

Name: _____ Tel: _____ Fax: _____
Contact: _____ Credit Limit: _____ Payment Terms: _____
Name: _____ Tel: _____ Fax: _____
Contact: _____ Credit Limit: _____ Payment Terms: _____
Name: _____ Tel: _____ Fax: _____
Contact: _____ Credit Limit: _____ Payment Terms: _____

I/We certify that the information contained in this form is true and correct. I/We consent to the obtaining of bank/credit and/or personal information as may be required at any time in connection with this New Customer Form and to the disclosure of anybank/credit information concerning me/us and/or my/our company to any credit reporting agency or to any person with the undersigned has or proposes to have financial relations. I/We further agree to indemnify Commercial Packaging from all claims, which may arise because Commercial Packaging disclosed information about myself/us and/or my/our company.

Name (Print): _____ Title: _____
Authorized Signature: _____ Date: _____
Name (Print): _____ Title: _____
Authorized Signature: _____ Date: _____



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UNIFORM SALES & USE TAX CERTIFICATE—MULTIJURISDICTION

The below-listed states have indicated that this form of certificate is acceptable, subject to the notes on pages 2-4. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: **Commercial Bag Company**

Address: **1 Paper Chase, Normal, IL 61761-9004**

I certify that:

Name of Firm (Buyer): _____

Address: _____

is engaged as a registered

- Wholesaler
- Retailer
- Manufacturer
- Seller (California)
- Lessor (see notes on pages 2-4)
- Other (Specify) _____

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service¹ to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the seller: _____

State	State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL ²	_____	MO ¹³	_____
AR	_____	NE ¹⁴	_____
AZ ²²	_____	NV	_____
CA ³	_____	NJ	_____
CO ¹	_____	NM ^{1,15}	_____
CT ⁴	_____	NC ²⁵	_____
DC ⁵	_____	ND	_____
FL ²³	_____	OH ²⁶	_____
GA ⁶	_____	OK ¹⁶	_____
HI ^{1,7}	_____	PA ²⁷	_____
ID	_____	RI ¹⁷	_____
IL ^{1,8}	_____	SC	_____
IA	_____	SD ¹⁸	_____
KS	_____	TN	_____
KY ²⁴	_____	TX ¹⁹	_____
ME ⁹	_____	UT	_____
MD ¹⁰	_____	VT	_____
MI ¹¹	_____	WA ²⁰	_____
MN ¹²	_____	WI ²¹	_____

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order, which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____
 (Owner, Partner or Corporate Officer)

Title: _____

Date: _____