

FAX ORDER FORM & SAMPLE REQUESTS Photocopy this page for use as your order form.

FAX: 973-538-5502 or mail to: P.O. Box 12, Madison, NJ 07940

CALL: 800-535-9550 Monday -Friday, 7:00 a.m. - 5:00 p.m. ET,

EMAIL: packaging@pluspackaging.com

ONLINE ORDERING: www.pluspackaging.com



PLUS PACKAGING INC.

packaging@pluspackaging.com

800-535-9550 877-758-7754

pluspackaging.com

"Your Green Packaging Specialists"

STEP 1: YOUR ACCOUNT INFORMATION (PLEASE PRINT)

Coupon Code _____ (Please provide any coupon code you may have at this time.)

Customer Number _____ (Please provide your customer number if you are a returning customer.)

Purchase Order Number _____ Check here if shipping address is same as billing address.

BILL TO: _____ **SHIP TO:** _____

Company _____ Company _____

Attention _____ Attention _____

Address _____ Address _____
(no P.O. boxes, please)

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Telephone (_____) _____ (required to process your order) Telephone (_____) _____ (required to process your order)

FAX (_____) _____ FAX (_____) _____

This Address is a: Business Residence (Check one.) This Address is a: Business Residence (Check one.)

STEP 2: YOUR ORDER/SAMPLE REQUEST INFORMATION

FREE SAMPLES	← Check this column for free samples of the item listed*			FOR ORDERING ONLY	
	ITEM NUMBER	DESCRIPTION	QTY.	x U NIT PRICE	= TOTAL

** You will be advised of shipping charges, if any, once your order has been processed or you can provide your UPS or FedEx account number below.

SALES TAX: STATE AND LOCAL SALES TAX MUST BE ADDED BY CUSTOMERS IN NEW JERSEY.

UPS# _____ FedEx# _____

SUBTOTAL	
**SHIPPING	
TOTAL	

STEP 3: YOUR BILLING INFORMATION

Charge to: VISA MasterCard American Express PO Number for Returning Customers ONLY _____

Name on Card _____ Signature on Card _____

Card Number _____ Exp. Date _____

Please Bill Our Account Number _____ Check Enclosed

STEP 4: YOUR SIGNATURE

Authorized Signature _____ Date _____

Thank you – we appreciate your order!