

## **Customer Product Packaging Request**

Da	ite:		
Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		

In order for us to design a carton for your specific needs, we will need information on the product you wish to ship. Please give us a brief description of what you wish to ship.:

Please fill in the size of the individual product that you wish to ship.

Lengthx Width	x Height	_		
Number of item(s) in box:	Total weight in box:			
Will Box be filled to the top:	YES NO Is the item	fragile YES	NO	
Method of Shipment: Individual Cartons: U	JPS US Postal Service Dther		nmon Carrier	Rail Freight
Which box material do you pr Kraft Liner (standard				
Is printing required? <b>YES</b>	NO			
If yes, could you suppl	y camera-ready art or logo v	vork? YES	NO	
Number of panels of b	ox to be printed: C	Color(s)		
Quantity of Cartons you expect Comments:	et to order:			