



New Custom Bag Account Set-Up

PO Box 32256
Chicago, IL 60632-0256
Toll Free – 800-331-8759
Fax – 773-581-7045

Bill to Information:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

E-mail Address: _____

Ph# _____

Contact Information:

Name: _____

Ph# _____

Art Information:

BAG Sizes: _____ Quantity: _____ BAG Sizes: _____ Quantity: _____

BAG Sizes: _____ Quantity: _____ BAG Sizes: _____ Quantity: _____

List Exact PMS Colors:

1: _____ 2: _____

3: _____ 4: _____

5: _____ 6: _____

Logo: _____

Ship to Information: Residential Address (Check Box)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Fax# _____

Ph# _____

Notes on Layout: _____

Special Notes on Order: _____

** Once your order has been received, you will receive a proof via e-mail within a few business days to review and approve your art work **

• Please fill entire form as detailed as possible •