



Customer Information

Please provide the following information:

Purchasing Contact Name: _____

Purchaser E-Mail: _____

Purchaser Phone Number W/ Extension: _____

Accounts Payable Contact Name: _____

AP E-mail: _____

AP Phone Number W/Extension: _____

Receiving Hours: _____

Invoice(s) (Please check one)

E-mail: _____

Fax: _____

Mail

Please send back to Amanda@allamericancontainer.com or fax.

Thank you for your time and we truly appreciate your business!

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