

CUSTOMER PROFILE SHEET

CUSTOMER NAME

Primary Mailing Address:

Address
City
State Zip Code

Primary Shipping Address (if different):

Address
City
State Zip Code

Purchasing Contact

Email
Phone Fax

Quality Contact

Email
Phone Fax

PRODUCTION AND PACKAGING SPECS

Max Skid Weight for Sheet

Max Skid Weight for Coil

Max Coil Weight:

Coil I.D. Min:

Coil O.D. Min:

Paper Interleave Required

Coil I.D. Max:

Coil O.D. Max:

PVC Requirements, if yes please select B&W Clear Laser Nitto No Preference Other, Please Specify

Coil Eye Horizontal Coil Eye Vertical

Payoff Reel Clockwise Payoff Reel CounterClockwise Paper Wrap Coils:

Certifications Required: With Shipment: With Invoice: Mill Certs: Domestic Only:

Line Marking Required: Coil Sheet Heat Number Coil Number

SKID REQUIREMENTS:

SRM Standard Skid If Custom, Please Explain Below (there maybe an additional charge for custom skids)

CUSTOM SKID
REQUIREMENTS:

FREIGHT AND SHIPPING INSTRUCTIONS

Receiving Hours:

Receiving Days:

Truck Type: Closed Van Flatbed Open Top

FOB POINT:

Load Position: Rear Side Rear-Side Open

Unload Type: (Sheet) Fork Lift Overhead Crane

Unload Type: (Coil) Fork Lift Overhead Crane

If an Appt is Required for Delivery,
need contact name and number

Receiving Contact Name and Phone
Number, for freight carrier and drivers

Special Instructions