Good Things in Small Packages Since 1957

AMMCO PILLOWPAK ORDER FORM

SECTION 1 - CUSTOMER INFORMATION

DATE _____

COMPANY NAME _____

CONTACT NAME _____

PHONE # _____

FAX # _____

EMAIL ADDRESS _____

ADDRESS _____

AP CONTACT _____

AP CONTACT EMAIL _____

AP CONTACT PHONE _____

AP CONTACT ADDRESS _____

PRODUCT NAME _____

CUSTOMER PART # _____

QUANTITY _____

PURCHASE ORDER # _____

NOTE: ORDER CANNOT BE PROCESSED UNTIL MSDS AND CERTIFICATE OF ANALYSIS RECEIVED

REORDER? ☐ YES ☐ NO

OVERRUN? ☐ YES ☐ NO

RETURN CONTAINERS? ☐ YES ☐ NO

SHIP VIA: _____

ACCT #: _____

SHIP TO ADDRESS _____

DATE MATERIALS WILL ARRIVE AT AMMCO _____

For Andrew Martin Office use only:

Tube Size: _____ Tube Type: _____

SECTION 2 - PILLOWPAK SPECIFICATIONS

FILL QUANTITY (SIZE OF PILLOW) (CHOOSE ONE)

- ☐ 1CC/ML
- ☐ 2CC/ML
- ☐ 3CC/ML
- ☐ 4CC/ML
- ☐ 5CC/ML
- ☐ 6CC/ML
- ☐ 7.5CC (1/4 OZ)
- ☐ 10CC (1/3 OZ)
- ☐ 15CC (1/2 OZ)
- ☐ 1 OZ
- ☐ 2 OZ
- ☐ CUSTOM _____ ADDITIONAL CHARGE MAY APPLY

TUBING COLOR (CHOOSE ONE)

- ☐ CLEAR
- ☐ WHITE
- ☐ BLACK
- ☐ RED
- ☐ CUSTOM _____ ADDITIONAL CHARGE MAY APPLY

TUBING MATERIAL (CHOOSE ONE)

- ☐ COSMETIC GRADE
- ☐ INDUSTRIAL GRADE — MSDS FOR CUSTOMER PRODUCT REQUIRED

IF COSMETIC, IS YOUR PODUCT FDA REGULATED? ☐ YES ☐ NO

IF YES, CERTIFICATE OF ANALYSIS REQUIRED

AMMCO TIP STYLE (CHOOSE ONE)

- ☐ A
- ☐ B
- ☐ D
- ☐ P
- ☐ BIG B
- ☐ DESIGNER
- ☐ GAP 9/32
- ☐ GAP 1-3/8

PLUMPNESS (CHOOSE ONE)

- ☐ SLACK
- ☐ PLUMP

SECTION 3 - PRINT SPECIFICATIONS

SIDE ONE

PMS COLOR #1 _____

PMS COLOR #2 _____

NEW ARTWORK? ☐ YES ☐ NO

PRINT ORIENTATION AND DIRECTION (CHOOSE ONE)

- ☐ HORIZONTAL LEFT
- ☐ HORIZONTAL RIGHT
- ☐ VERTICAL UP
- ☐ VERTICAL DOWN

NOTE: IF NEW ARTWORK, ORDER CANNOT BE PROCESSED UNTIL RECEIVED; ADDITIONAL CHARGE WILL APPLY FOR NEW ARTWORK PROCESSING

HORIZONTAL LEFT

HORIZONTAL RIGHT

VERTICAL UP

VERTICAL DOWN

SIDE TWO

PMS COLOR #1 _____

PMS COLOR #2 _____

NEW ARTWORK? ☐ YES ☐ NO

PRINT ORIENTATION AND DIRECTION (CHOOSE ONE)

- ☐ HORIZONTAL LEFT
- ☐ HORIZONTAL RIGHT
- ☐ VERTICAL UP
- ☐ VERTICAL DOWN

SECTION 4 - OTHER SPECIFICATIONS OR SPECIAL INSTRUCTIONS

OTHER SPECIFICATIONS OR REQUIREMENTS (FILL IN BELOW)' PLEASE MAKE SURE TO INCLUDE ANY REQUIREMENTS NOT SPECIFIED ABOVE, INCLUDING IF YOU WILL BE SUPPLYING ANY PACKAGING COMPONENTS (BOXES, ETC.)

STANDARD BOX? ☐ YES ☐ NO

IF NOT STANDARD BOX, PLEASE INDICATE SPECIAL PACKAGING INSTRUCTIONS ABOVE IN SPECIAL INSTRUCTIONS. NOTE THAT AN ADDITIONAL CHARGE MAY APPLY FOR SPECIAL PACKAGING.

IN THIS BOX, PLEASE INDICATE WHAT INFORMATION YOU NEED ON YOUR LABEL AND HOW IT SHOULD LOOK