



SAMPLE / CONTAINER INFORMATION PACKING LIST

Company Name: _____ **Date:** _____

Contact: _____ **Email:** _____

Address, City, ST Zip: _____

Phone: _____ **Fax:** _____

APACKS Quote #: _____ **Sales Rep:** _____
(if applicable)

#	Name & Description (Product, container, cap, label, etc.)	Shape	Size	Quantity sent	Finished Product or Bulk Sample?

Please complete the above information and include in the box(s) containing your samples / containers to enable APACKS to process your quote request accurately. Please include MSDS on all applicable products. In accordance with OSHA regulations, APACKS must have proper documentation of all hazardous chemicals. Unfortunately, if MSDS is not included, it will be refused at the dock.

If a third party is sending items on your behalf, please forward the Packing List to them to be included in the shipment.

Ship to:

A Packaging Systems, LLC
Attn: Your APACKS Sales Representative's name
1500 Lake Street
La Porte, IN 46350
USA

APACKS will not be liable for samples misplaced, discarded or rejected due to insufficient labeling or required shipment documents.

If you have any questions, please call us toll free at 866.369.9030 or at 219.369.4131.

Please Note: All Orders are subject to A Packaging Systems' Terms, Conditions and Warranty. Product and containers being filled must be consistent with samples provided. Variations in product, container, cap or label characteristics may negatively affect machine accuracy and performance.