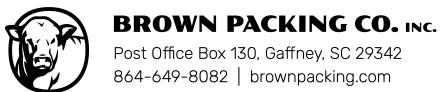


Return form to ar@bropac.com or 864-487-3210

Date:	Customer Information Form
General Information	
BPC Customer Number:	Federal ID Number/SSN:
Customer Legal Name:	
Doing Business As:	
Billing Address:	
	Invoice Delivery Preference(s) ☐ U.S. Postal Service
	☐ Email(s)
	
If you allow Invoices to be faxed or Em	nailed, please provide:
Email(s):	
Fax:	Phone:
Buyer Contact	
Buyer:	
Phone:	Fax:
Email:	
Accounts Payable Contact	
Name:	Title:
Phone:	Fax:
Email:	
Shipping Information – Location 1	
Please provide all locations, even if yo	ou need additional forms.
Location Name:	
Address:	Location Contact:
	Phone:
	Fmail:



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Shipping Information – Location 2	
Location Name:	
Address:	Location Contact:
	Phone:
	Email:
Shipping Information – Location 3	
Location Name:	
Address:	Location Contact:
	Phone:
	Email:
Other Account Contact	
Name:	Title:
Phone:	Fax:
Email:	
Sales Taxes	
	Carolina Sales Taxes. If you are exempt from paying Sales Taxes, ertificate and sign below. Please attached applicable certificate.
We are exempt from paying sales taxes un	der Certificate Number:
Name/Title:	Phone:
Signature:	Email:

Brown Packing Co., Inc. Information

Correspondence: P.O. Box 130 • Gaffney, SC 29342-0130 Payments: P.O. Box 402564 • Atlanta, GA 30384-2564

ACH Routing: 053904483 Wire Routing: 026009593 Checking Account: 223010870311

Headquarters/Beef & Rendering Plants: 116 Willis Street • Gaffney, SC 29341

Blending Plant: 787 Hamrick Street • Gaffney, SC 29340 Compost Operation: 140 Hamlet Road • Gaffney, SC 29340