



Customer SOP

Customer Name _____ PGL Sales Person _____

Customer Address
[Large empty box for address]

Primary Shipping Contact _____ Phone: _____

Email: _____

Billing Contact _____ Phone: _____

Email Invoices to: _____

Remittance Address:
[Large empty box for remittance address]

Third Party Bill to: NO YES *if yes, provide address*

[Large empty box for third party bill to address]

REQUIREMENTS FOR BILLING

- Shippers Bill of Lading
- Reference Number
- PO Number
- Hard Copy POD