



PRODUCT REVIEW SAMPLE PACKING LIST

DATE:	
COMPANY NAME:	
CONTACT PERSON'S NAME:	
EMAIL:	
PHONE NUMBER	
APEX QUOTE NUMBER	
TOTAL NUMBER OF BOXES	

*Please complete the information above and include it in a box with containers to enable us to process your orders/quotes as quickly and accurately as possible.

✂-----CUT HERE-----

**SHIP TO:
APEX FILLING SYSTEMS
1001 EASTWOOD RD
MICHIGAN CITY, IN 46360**

ATTENTION: _____