

# Indiana Packers Corporation New Producer Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax#: \_\_\_\_\_

Mobile# \_\_\_\_\_

**Please circle correct choice:**

Insurance: Y or N      SIP: Y or N

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Premise ID number: \_\_\_\_\_ (will be a 7 letter/digit combination)

PQA Plus Expiration Date: \_\_\_\_\_

Site Assessment Expiration Date: \_\_\_\_\_

Date of Food Safety Letter of Certification Signed: \_\_\_\_\_

Email kill sheets: Y or N      Email Address \_\_\_\_\_

Note: Kill sheets will be emailed and mailed ONLY ( No faxing )

**Feed Info**

Feed Company \_\_\_\_\_

Pre-Mix: Y or N      Concentrate: Y or N      Complete: Y or N

Pet Food By-Products: Y or N      Beef Meat Bone Meal: Y or N

Pork Meat Bone Meal: Y or N

Please complete all of the above information and fax or email to:

Suzanne-- fax 765-564-3684 or email: shughes@inpac.com

Updated 6/11