

Please send a copy of your resale or tax-exempt certificate.

STREET CITY STATE STATE STATE STATE ID# Ship to Location: COMPANY NAME STREET CITY STATE	SALES REP:			CREDIT APPLICATION					
COMPANY NAME STREET CITY STATE STATE STATE STATE DP STATE D	Name of Dusiness (Dilling		Please check box if reio		ck box if refere	arences are attached (Signature required).			
Ship to Location: STATE	COMPANY NAME	(Address)			PHONE #		FAX#		
Ship to Location: COMPANY NAME STREET FORM of Business:	STREET								
Ship to Location: COMPANY NAME STREET CITY STATE Form of Business: CORPORATION PROPRIETURSHIP ACCOUNTS Payable Contact: PAY BY: ACCOUNT NO: BASK CONTACT: CITY/STATE/JIP BANK CONTACT: CITY/STATE/JIP BANK CONTACT: CITY/STATE/JIP BANK ACCOUNT NO: FAX: PHONE: FAX: PHONE: FAX: PHONE: Trade References: Wend and that the information provided is for the purpose of obtaining credit and its warranted to be true. I We hereby authorize Coast Packaging Co./ Coast Warchouse Co./ CPS Express, Inc. to investigate the references listed pertaint on my credit and financial repossibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) made willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice. Personal Guaranty Personal Guaranty Personal Guaranty I hereby represent the current of adelian for failure to pay goods sold and delivered. We further represent latte the customer applied or rediff has the financial ability and willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice. Personal Guaranty Personal Guaranty I hereby represent that a payable contact in the customer application on the customer application on the customer application on the customer application of the purpose of obtaining and willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice. Personal Guaranty Address City State Zip code Phone Witness I Date Witness I Date Witness I Date	СПҮ			STATE			ZIP CODE		
STATE ZIP	D&B #:	FEDE	RAL TAX ID	1		STATE ID#			
STATE ZIP	Ship to Location:	4							
Form of Business:	COMPANY NAME								
Form of Business: CORPORATION PROPRIETORSHIP PROPRI	STREET								
Accounts Payable Contact; PAY BY:CASHCHECKCREDIT CARDACH DIRECTWIRE TRANSFEROTHER	STATE		TE			ZIP			
Invoice Preference: BY EMAIL OR OR BY FAX BMAIL OR OR BY MAIL OR BY MAIL OR OR OR BY MAIL PHONE FAX: PHONE FAX: PHONE Trade Reference: Intellement on behalf of the customer named above, and that the information provided is for the purpose of obtaining tredit and is warranted to be true. I'We hereby authorize Coast Packaging Co. / Coast Warchouse Co. / CPS Express, Inc. in the customer applying for credit has the financial abiliand willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice. Personal Guaranty I hereby guatantee to Coast Packaging Co. / Coast Warchouse Co./CPS Express, Inc. the paymet of all surns owing on this account. Coast Packaging Co./Coast Warchouse Co./CPS Express, Inc. the paymet of all surns owing on this account. Coast Packaging Co./Coast Warchouse Co./CPS Express, Inc. the paymet of all surns owing on this account. Coast Packaging Co./Coast Warchouse Co./CPS Express, Inc. shall also have the right to reverting the references in connection with this application. Coast Packaging Co./Coast Warchouse Co./CPS Express, Inc. shall also have the right to report the way I pay this account to the credit burcaus and parties whom may lawfully receive such information. Social Security number Social Security number Witness I	T OT III OT IN MINITEDIT		*CREE	DIT CARD PAYMENTS 9	UBIECT TO 4% SURCI	LARGE			
Invoice Preference: BY EMAIL BAY ANDRES: BANK REference: BANK REference: BANK ACCOUNT NO: FAX: PHONE: Trade References: (Minimum of 3 are requested)	AND STATE OF THE S					RECT WIR	· ·	R	
BY FAX	NAME	TITLE	PHON	E	1000000		[555255090	0.00	
Bank Reference: BANK NAME: ADDRESS: BANK CONTACT: CITY/STATE/ZIP: BANK ACCOUNT NO.: FAX: PHONE: Trade References: (Minimum of 3 are requested) VENDOR NAME ADDRESS PHONE NUMBER FAX NUMBER FAX NUMBER ADDRESS PHONE NUMBER FAX NUMBER FAX NUMBER FAX NUMBER ADDRESS PHONE NUMBER FAX NUM	Invoice Preference:	BY EMAIL	3.4			ΛX	(
BANK CONTACT: CITY/STATE/ZIP: BANK ACCOUNT NO: FAX: PHONE: Trade References: (Minimum of 3 are requested) VENDOR NAME ADDRESS PHONE NUMBER ADDRESS PHONE NUMBER EAX NUMBER EAX NUMBER ADDRESS PHONE NUMBER EAX NUMBER EAX NUMBER EAX NUMBER ADDRESS PHONE NUMBER EAX NUMER EAX NUMBER EAX NUMBER EAX NUMBER EAX NUMBER EAX NUMBER E	Bank Reference:		277			50.8·			
Personal Guaranty Name Personal Guaranty Name (Please print) Address (Please print) Address City State Proceed Personal Personal Guaranty Name (Please print) Address City State Zip code Phone FAX: PHONE: PHONE: PHONE: PHONE PHONE NUMBER ADDRESS PHONE NUMBER FAX NUMBER FAX NUMBER FAX NUMBER ADDRESS PHONE NUMBER FAX NUMBER	BANK NAME:	ADDRESS:	ADDRESS:						
ADDRESS PHONE NUMBER EAX NUMBER	BANK CONTACT:		CITY/STATI	E/ZIP:					
ADDRESS PHONE NUMBER EAX NUMBER I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining reading and is warranted to be true. I We hereby authorize Coast Packaging Co. / Coast Warehouse Co. / CPS Express, Inc to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) must be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice. Personal Guaranty Personal Guaranty I hereby guatantee to Coast Packaging Co. / Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account to the credit bureaus and parties whom may lawfully receive such information. Personal Guaranty Signature Date Social Security number Witness 1 Date Witness 1 Date	BANK ACCOUNT NO.:		L/	FAX:			PHONE:		
ADDRESS PHONE NUMBER EAX NUMBER I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining reading and is warranted to be true. I We hereby authorize Coast Packaging Co. / Coast Warehouse Co. / CPS Express, Inc to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) must be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice. Personal Guaranty Personal Guaranty I hereby guatantee to Coast Packaging Co. / Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. the payment of all sums owing on this account to the credit bureaus and parties whom may lawfully receive such information. Personal Guaranty Signature Date Social Security number Witness 1 Date Witness 1 Date	Trade References: (Minim	num of 3 are reques	ted)	24			55		
Personal Guaranty Name Personal Guaranty Name (Please print) Address City State Zip code Phone Social Security number Social Security number Social Security number We hereby authorize Coast Packaging Co. / Coast Warehouse Co. / CPS Express, Inc. to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) must be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice. Personal Guaranty Personal Guaranty I hereby guatantee to Coast Packaging Co. / Coast Warehouse Co /CPS Express, Inc. the paymet of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co /CPS Express, Inc. shall have the right to investigate my personal credit employment and income records, and the right to verify my credit references in connection with this application. Coast Packaging Co./Coast Warehouse Co /CPS Express, Inc. shall also have the right to report the way I pay this account to the credit bureaus and parties whom may lawfully receive such information. Personal Guaranty Signature Date Witness I Date	VENDOR NAME			ADDR	ESS		PHONE NUMBER	FAX NUMBER	
Personal Guaranty Name Personal Guaranty Name (Please print) Address City State Zip code Phone Social Security number Social Security number Social Security number We hereby authorize Coast Packaging Co. / Coast Warehouse Co. / CPS Express, Inc. to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) must be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice. Personal Guaranty Personal Guaranty I hereby guatantee to Coast Packaging Co. / Coast Warehouse Co /CPS Express, Inc. the paymet of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co /CPS Express, Inc. shall have the right to investigate my personal credit employment and income records, and the right to verify my credit references in connection with this application. Coast Packaging Co./Coast Warehouse Co /CPS Express, Inc. shall also have the right to report the way I pay this account to the credit bureaus and parties whom may lawfully receive such information. Personal Guaranty Signature Date Witness I Date									
Personal Guaranty Name Personal Guaranty Name (Please print) Address City State Zip code Phone Social Security number Social Security number Social Security number We hereby authorize Coast Packaging Co. / Coast Warehouse Co. / CPS Express, Inc. to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) must be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice. Personal Guaranty Personal Guaranty I hereby guatantee to Coast Packaging Co. / Coast Warehouse Co /CPS Express, Inc. the paymet of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co /CPS Express, Inc. shall have the right to investigate my personal credit employment and income records, and the right to verify my credit references in connection with this application. Coast Packaging Co./Coast Warehouse Co /CPS Express, Inc. shall also have the right to report the way I pay this account to the credit bureaus and parties whom may lawfully receive such information. Personal Guaranty Signature Date Witness I Date									
Personal Guaranty Name Thereby guatantee to Coast Packaging Co, / Coast Warehouse Co /CPS Express, Inc. the paymet of all sums owing on this account. Coast Packaging Co, /Coast Warehouse Co /CPS Express, Inc. shall have the right to investigate my personal credit employment and income records, and the right to verify my credit references in connection with this application. Coast Packaging Co /Coast Warehouse Co /CPS Express, Inc. shall also have the right to report the way I pay this account to the credit bureaus and parties whom may lawfully receive such information. Personal Guaranty Signature Date Date	credit and is warranted to be true. to my credit and financial responsi be charged to debtor in the event of	I/We hereby authorize C ibility. It is agreed and un of default or failure to pay	oast Packaging O derstood that all goods sold and	Co. / Coast War necessary collected delivered. I/We	rehouse Co. / C tion and legal further represe	CPS Express, In expenses and in nt that the custo	c to investigate the referent terest (at 18% per year or s mer applying for credit has	ces listed pertaining tate maximum) may	
Personal Guaranty Name	Customer Signature Tit		Title	e De			ate Signed		
Personal Guaranty Name the paymet of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. shall have the right to investigate my personal credit employment and income records, and the right to verify my credit references in connection with this application. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. shall also have the right to report the way I pay this account to the credit bureaus and parties whom may lawfully receive such information. Personal Guaranty Signature Date Witness I Date			Pers	onal Guar	anty				
Warehouse Co./CPS Express, Inc. shall have the right to investigate my personal credit employment and income records, and the right to verify my credit references in connection with this application. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. shall also have the right to report the way I pay this account to the credit bureaus and parties whom may lawfully receive such information. Zip code	Personal Guaranty Name		-						
City State)	Warehou	se Co./CPS Exp	oress, Inc. shall l	nave the right to investigate	my personal credit,	
Social Security number State bureaus and parties whom may lawfully receive such information.	1951105			connection	on with this app	lication. Coast	Packaging Co/Coast Wareh	ouse Co/CPS	
	#334 F T							count to the credit	
Social Security number Witness 1Date	Zip code	Phone			Signature		Date		
Providence Author for the state of the state	Social Security number			10 Sept 07 Sept 07			10.500x		
				Witness	2		Date	12.1	

Corporate Offices: 3401 Etiwanda Ave. Bldg. 711 A, Mira Loma, CA 91752

Mailing Address: P.O. Box 248, Mira Loma, CA 91752

Phone: (951)685-4100 Fax:(951)685-3944 Web: www.haddycompanies.com