

<b>CONFIDENTIAL CREDIT APPLICATION</b>			
<b>BUSINESS CONTACT INFORMATION</b>			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:		Tax ID No.:	
Sole proprietorship:	Partnership:	Corporation:	Other:
<b>BUSINESS AND CREDIT INFORMATION</b>			
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Account Number:		Officer:	
<b>BUSINESS/TRADE REFERENCES</b>			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
<b>AGREEMENT</b>			
<ol style="list-style-type: none"> <li>1. All invoices are to be paid 30 days from the date of the invoice.</li> <li>2. Claims arising from invoices must be made within seven working days.</li> <li>3. By submitting this application, you authorize <i>XtraPlast Packaging Materials</i> to make inquiries into the banking and business/trade references that you have supplied.</li> </ol>			
<b>SIGNATURES</b>			
Title:		Date:	
Title:		Date:	