

CREDIT INFORMATION UPDATE



**MATERIALS
PACKAGING
CORPORATION**

*****APPLICATION MUST BE COMPLETED IN FULL, INCLUDING PERSONAL GUARANTY, OR THE APPROVAL PROCESS MAY BE DELAYED**

Return the completed application to:

Ash Grove Packaging Group
2561 Southwest Grapevine Pkwy
Grapevine, Texas 76051
1-888-223-8862

| CREDIT APPLICANT INFORMATION | | | |
|---------------------------------|----------|--|----------|
| Name: | | Phone: | Cell #: |
| DBA : | | Business Address: | |
| Billing Address: | | City, State, Zip: | |
| City, State, Zip: | | Email Address: | |
| Federal I.D. or SSN: | | Applicant is (Check One): | |
| Years in Business: | | <input type="checkbox"/> Corp (State ____) <input type="checkbox"/> Partnership <input type="checkbox"/> Individual | |
| Accounts Payable Contact: | | <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLP <input type="checkbox"/> LLC | |
| BANK INFORMATION | | | |
| Bank Name: | | Contact: | |
| Bank Address: | | Type of Account: | |
| Phone: | | Account Number: | |
| CREDIT REFERENCES | | | |
| Company Name: | | Company Name: | |
| Address: | | Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Phone: | Email: | Phone: | Email: |
| Account#: | Contact: | Account#: | Contact: |
| Company Name: | | Company Name: | |
| Address: | | Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Phone: | Email: | Phone: | Email: |
| Account#: | Contact: | Account#: | Contact: |
| PRINCIPALS, OWNERS, OR OFFICERS | | | |
| Name: | | Name: | |
| Address: | | Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Phone: | Title: | Phone: | Title: |
| Name: | | Name: | |
| Address: | | Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Phone: | Title: | Phone: | Title: |

Please list all principals, owners, and offices, use additional sheet if necessary

GENERAL INFORMATION

Has your company ever previously applied for or received credit from our company? Yes No

If the answer is yes please indicate when and under the company name that you applied under:

Monthly Statement Desired? Yes No Sales Tax Exemption # _____

Sales/Use Tax charged on invoices? Yes No *** (If NO, please submit a completed and signed exemption certificate)***

TERMS AND CONDITIONS

I/we certify that the above information is correct and complete and further understand that Precision Packaging Inc./ Materials Packaging Corp. (hereinafter "Seller") will rely on this information for the extension of credit. Customer authorizes Seller at any time, and from time to time, to obtain Credit Reports on Customer or any individuals listed above, or to obtain credit and funding information from other persons or entities listed above. Customer further agrees to supply any additional information that may be required by Seller to warrant the future extensions of credit or to enable Seller to perfect liens or to recover upon any bond issued.

Customer agrees to pay service charges of up to 1 ½% interest per month on any invoice amount past due until paid, both before and after judgment, and further agrees to pay all costs incurred in collection of past due amounts, including attorney's fees in the amount of ½ of the total balance due from Customer if this account is placed with an attorney for collection, whether suit is filed thereon or not. Bad Checks/COD /Liens : A service charge of \$35.00 will be applied to each returned check. Accounts 60 days old will be placed on C.O.D and reviewed for liens to be filed. Legal action will be taken after an account is 90+ days old.

Authorized Signature (Must be owner or officer)

Title

Date

Printed Name

PERSONAL GUARANTY

I, _____, residing at _____
Individual's Name Individual's Home Address

For and in consideration of the extension of credit at my request to _____
Company Name (hereinafter "the Company")

The undersigned, hereby personally guarantees to Precision Packaging Inc. / Materials Packaging Corp. (hereinafter "Seller") the payment, Oldcastle APG, Inc. P.O Box 281479 Atlanta, GA 30384-1479, of any obligation of the Company, and I hereby agree to pay any sum which may become due by the Company. This Guaranty shall remain in full force and effect with respect to all amounts due under the account of the Company, no matter what person or entity ordered or used the labor and material supplied on the Company's account, and regardless of any change in the legal structure of the Company, or the existence of entities or individuals legally distinct from the company using or benefiting from the labor and materials supplied.

If Seller takes any action to enforce or compel compliance with the terms of this Guaranty or any other Contract with Seller, the Guarantors shall be obligated to pay all costs incurred by Seller and attorney's fees in the amount of 1/3 of the balance due from Guarantors, in addition to any other rights or remedies which Seller may have. It is understood this guarantee shall be a continuing and irrevocable guarantee and indemnity for any indebtedness of the Company to Seller. I do hereby waive presentment and notice of dishonor, notice of default, or non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature (Do not include title)

Printed Name

Date

Social Security Number

OFFICE USE ONLY

Date Rec'd ____/____/____

Denied Approved

Approved By: _____

Customer ID: _____

Salesman: _____

Location: _____

Limit: _____

Pricing: _____