



6340 Artesia Blvd.
 Buena Park, CA 90620
 Phone: 714-523-1000
 Fax: 714-523-2100
 www.alcousa.com

CREDIT APPLICATION

page 1 of 4

INSTRUCTIONS: Please type or print, supplying all information requested. Signature of owner, partner, or corporate officer is required. Attach resale card for tax exempt purchases.

| | | | | |
|-----------------|---------------------------|-----|-----------------|--------------------|
| BUSINESS | BUSINESS NAME (APPLICANT) | | | AGE OF BUSINESS |
| | ADDRESS (STREET) | | (CITY) | (STATE) (ZIP CODE) |
| | PHONE | FAX | FEDERAL TAX ID: | |
| | EMAIL ADDRESS | | WEBSITE | |

| | | | | |
|------------------|---|---------------------------|---------------------------|----------------------------------|
| OWNERSHIP | <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION | | | ESTIMATED MONTHLY LINE OF CREDIT |
| | 1st PRINCIPAL'S NAME | | TITLE | HOME PHONE |
| | ADDRESS (STREET) | | (CITY) (STATE) (ZIP CODE) | SOCIAL SECURITY NO. |
| | 2nd PRINCIPAL'S NAME | | TITLE | HOME PHONE |
| ADDRESS (STREET) | | (CITY) (STATE) (ZIP CODE) | SOCIAL SECURITY NO. | |

| | | | | |
|-------------|-----------------------|-------|--------------------|---------------------------|
| BANK | BANK ADDRESS (STREET) | | | (CITY) (STATE) (ZIP CODE) |
| | CONTACT | PHONE | CHECKING ACCT. NO. | |

IN CONSIDERATION of credit hereafter granted by Alco Printing & Packaging (*Creditor*) to the above mentioned business applicant (*Debtor*), the undersigned hereby unconditionally and personally guarantees to Creditor full payment when due of any indebtedness of Debtor for (1) goods sold or consigned to, work-in-process identified for, Debtor by Creditor or (2) services performed for Debtor by Creditor, together with a reasonable service charge (1% per month) on accounts 30 days past invoice date and all expenses of collection, including court costs and reasonable attorney's fees.

This guaranty shall be directly enforceable against the undersigned without first resorting to any remedies against Debtor. This guaranty shall be a continuing guaranty and shall remain in full force and effect until undersigned gives written notice, by certified or registered mail, to Creditor to extend no further credit on the security of this guaranty. Such notice shall be ineffective as to any obligation (billed or unbilled) existing at the time such notice is received by Creditor. The undersigned hereby assents to all terms and conditions made or to be made with Creditor by Debtor.

Authorization: Applicant warrants that all the information provided is true and correct, and authorizes Alco Printing & Packaging to investigate applicants credit worthiness as may be needed. The undersigned authorizes all banking institutions, credit reporting agencies, trade references and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purpose of securing a credit.

Intending to be legally bound hereby,

 SIGNATURE

 SIGNATURE

 TITLE

 TITLE

 DATE

 DATE



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page 2 of 4

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Trade Reference From: _____
 Company Name

| | | |
|--------------------|---------------------------|--------------------|
| TRADE REF 1 | BUSINESS NAME (APPLICANT) | |
| | ADDRESS (STREET) | |
| | (CITY) | (STATE) (ZIP CODE) |
| | CONTACT | |
| | PHONE | FAX |

| | | |
|--------------------|---------------------------|--------------------|
| TRADE REF 2 | BUSINESS NAME (APPLICANT) | |
| | ADDRESS (STREET) | |
| | (CITY) | (STATE) (ZIP CODE) |
| | CONTACT | |
| | PHONE | FAX |

| | | |
|--------------------|---------------------------|--------------------|
| TRADE REF 3 | BUSINESS NAME (APPLICANT) | |
| | ADDRESS (STREET) | |
| | (CITY) | (STATE) (ZIP CODE) |
| | CONTACT | |
| | PHONE | FAX |

| | | |
|--------------------|---------------------------|--------------------|
| TRADE REF 4 | BUSINESS NAME (APPLICANT) | |
| | ADDRESS (STREET) | |
| | (CITY) | (STATE) (ZIP CODE) |
| | CONTACT | |
| | PHONE | FAX |

RESALE CARD

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supplying all information requested.



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| |
|--|
| COMPANY NAME: _____ |
| ADDRESS: _____ |
| CITY: _____ STATE: _____ ZIP: _____ |

I HEREBY CERTIFY that I hold valid seller's Permit No. _____
issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling:

I ALSO HEREBY CERTIFY that the tangible property described herein which I shall purchase from Alco Printing & Packaging, will be re-sold by me in the form of tangible property; provided, however, that in the event any such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay Tax, measured by the purchase price of such property. Description of said property to be purchased includes, but is not limited to the following:

Bags, Blades, Boxes, Brushes, Bubble/Cushioning Wrap, Carton Openers, Carton Sealing Machines, Carton Sizers, Dessicants, Drop (N) Tell, Foam Wrap, Glue & Gluers, Hand Printers, Heat Sealers, Humidity Indicating Cards, Industrial Sprays, Ink Solvents, Inks, Janitorial Supplies, Knives, Labels, Label Dispensers, Markers, Oilboards, Packing List Envelopes, Packaging Equipment, Packing Peanuts, Paper (Kraft Wrapping), Placards, Poly Bags, Poly Tubing, Printing Plates, Printing Dies, Ribbons-Thermal Transfer, Rollers, Safety Supplies, Security Seals, Staple Removers, Staples, Staplers, Stencils, Stencil Machines, Shrink Film, Shrink Tunnels, Strappings, Strapping Tools, Stretch Film, Stretch Film Wrapping Machines, Tags, Tape Dispensers, Tapes, Bag Sealing Tape, Ties, Tip (N) Tell, Wire and all other products used in marking, packaging and shipping.

Print Name of Purchaser or Authorized Purchasing Agent and Title

Signature

Date: _____

Phone: _____

Authorization to pull the personal credit Report

The undersigned represents that all information provided with this application is true and correct, and here by authorizes Alco Printing & Packaging, and / or Sunbridge Leasing Corporation and/or its affiliates to obtain from third parties information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s), as principal of and/or guarantor for the applicant, here by authorizes Alco Printing & Packaging, and / or Sunbridge Leasing Corporation, its designees, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released to Alco Printing & Packaging, and / or Sunbridge Leasing Corporation and/or its assigns by Telephone or Fax. A photo copy of this authorization shall be valid as the original.

Print Name

Signature

Date

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____