

All American Containers, Inc.

Application for Credit

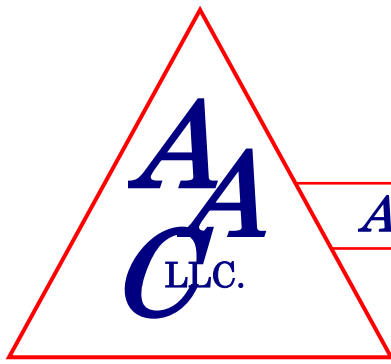
Company Name: _____ Date: _____
Address: _____ Duns No. _____
City, State, Zip Code: _____
Accounts Payable Address (if different): _____
Accounts Payable Contact: _____ Phone #: (____) _____
Fax #: (____) _____ E-mail: _____
Number of Employees Here: _____ Total Number of Employees: _____ Sales Volume \$ _____
Credit Line Requested \$ _____ No. Of Years in Business Under this Name: _____
Information Provided By: _____ Title: _____
AAC Salesman: _____

Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation in State of ____
☐ Subsidiary ☐ Division Federal ID #: _____
Name of Owner: _____ Name of Owner: _____
Title: _____ SS#: _____ Title: _____ SS#: _____
Home Address: _____ Home Address: _____
Phone #: (____) _____ Phone #: (____) _____

Bank Reference

| | | |
|------------|----------------|--------|
| Bank Name: | Phone #: | Fax #: |
| Address: | Checking Acct# | |
| Contact: | | |

Please fax to Credit Department at: (305) 887-6109.



All American Containers, Inc.

Credit Reference # 1

| | | | |
|---------------|---------|--------|------|
| Company Name: | Acct #: | | |
| Address: | City: | State: | Zip: |
| Phone #: | Fax #: | | |

Credit Reference # 2

| | | | |
|---------------|---------|--------|------|
| Company Name: | Acct #: | | |
| Address: | City: | State: | Zip: |
| Phone #: | Fax #: | | |

Credit Reference # 3

| | | | |
|---------------|---------|--------|------|
| Company Name: | Acct #: | | |
| Address: | City: | State: | Zip: |
| Phone #: | Fax #: | | |

Note to Applicant: Our Original credit application must be signed by a company officer/owner and returned to All American Containers, Inc. completely filled out. You may submit a form with your references attached.

All Statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, for any liability resulting from the credit survey.

Authorized Signature _____ Title: _____ Date: _____

Guarantee:

Guarantor(s) will assume legal responsibilities for companies incurred debts in the event said company(s) default on their account.

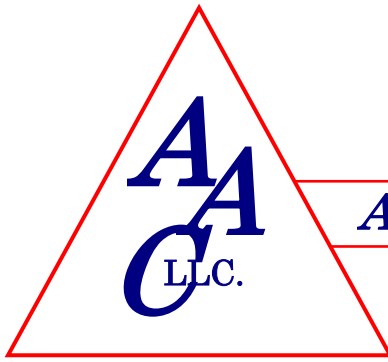
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X _____ Date: _____
(Guarantor Signature)

X _____ Date: _____
(Print Name)

X _____ Date: _____
(Witness)

Please fax to Credit Department at: (305) 887-6109



All American Containers, Inc.

Customer: _____

Address: _____

City, State, Zip: _____

Bank Authorization Form

Regarding your recent request for credit considering your present order with All American Containers, Inc. the bank requires written authorization from the credit managers prior to releasing relevant credit information.

Please complete this authorization form and return it with your credit application.

Thank you.

Date: _____

Bank Name: _____

Account No: _____

I give my permission for the release of information concerning my account as requested in the attached Business Credit Inquiry.

Credit Manager Signature

Credit Manager Print Name

*****BANK ONLY*****

Date Account Opened: _____

Standing: _____

NSF Checks: _____

Average Balance: _____

Information provided by: _____

Please fax to Credit Department at: (305) 887-6109