

CONFIDENTIAL CREDIT APPLICATION

HUCKSTER PACKAGING & SUPPLY, INC.
WEBSITE: WWW.HUCKSTER.COM

DATE: _____

SALES REP: _____

CUSTOMER INFORMATION:

BUSINESS TYPE & YEAR EST.

TRADE NAME: _____ CORPORATION _____ YEAR _____

LEGAL NAME: _____ PARTNERSHIP _____ YEAR _____

PHYSICAL ADDRESS _____ INDIVIDUAL _____ YEAR _____

CITY, STATE, ZIP _____ INCORPORATED? IN WHAT STATE _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

NATURE OF BUSINESS: _____

NAME OF PARENT COMPANY IF A SUBSIDIARY: _____

ESTIMATED DOLLAR VOLUME FROM HUCKSTER COMPANY EACH MONTH: _____

TAXED? YES _____ NO _____ IF NO, WE MUST HAVE A SIGNED TAX EXEMPT CERTIFICATE ON FILE FOR MERCHANDISE SHIPPED WITHIN TEXAS.

LIST PRINCIPALS, PARTNERS OR CORPORATE OFFICERS:

NAME / TITLE	HOME ADDRESS	SOCIAL SECURITY
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NAME / TITLE	HOME ADDRESS	SOCIAL SECURITY
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NAME / TITLE	HOME ADDRESS	SOCIAL SECURITY
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RECOMMENDED CONTACT FOR ACCOUNTS PAYABLE:

NAME / TITLE	PHONE
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NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____ CONTACT: _____

PHONE: _____ PHONE: _____

FAX: _____ FAX: _____

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PHONE: _____

FAX: _____ FAX: _____

LIST OF BANKS AND FINANCIAL INSTITUTIONS WITH WHICH YOU DEAL:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____ CONTACT: _____

PHONE: _____ PHONE: _____

ACCOUNT: CHECKING: _____ LOAN: _____ ACCOUNT: CHECKING: _____ LOAN: _____

THIS INFORMATION HAS BEEN GIVEN TO HUCKSTER PACKAGING FOR THE PURPOSE OF OBTAINING AN OPEN ACCOUNT AND TO THE BEST OF MY KNOWLEDGE IS ACCURATE.

TERMS OF SALE ARE NET 30 DAYS UNLESS OTHER TERMS ARE INDICATED ON INVOICES. IF AN ACCOUNT BECOMES 45 DAYS PAST DUE, THE CUSTOMER WILL BE PUT ON CREDIT HOLD. IF AN ACCOUNT IS OVER 60 DAYS, THE CUSTOMER WILL BE ON C.O.D.

A PAST DUE ACCOUNT MAY BE REFERRED TO A THIRD PARTY FOR COLLECTION. THE PURCHASER AGREES TO BE RESPONSIBLE FOR ALL COLLECTION COSTS AND ATTORNEY'S FEES.

SIGNED: _____ TITLE _____ DATE: _____

FOR OFFICE USE ONLY

CREDIT APPROVED BY: _____ DATE: _____

CREDIT LIMIT: _____ ACCT.# _____