



NUMATECH WEST, LLC
 Reusable Packaging Specialists

Tel No. 909-706-3627

Fax No. 909-706-3628

CONFIDENTIAL APPLICATION FOR CREDIT

(To facilitate prompt action on your application, please sign and fill out completely)

Company Name: _____
 Telephone Number: _____ Fax Number: _____
 Street Address: _____
 City/State: _____ Zip Code: _____
 Type of Business: _____ Date Established: _____
 FEDERAL ID # _____ RESALE # _____ D&B # _____
 Ownership: Proprietor _____ Partnership _____ Corporation _____ LLC _____ Other _____
 State of Incorporation or Registration of Partnership _____ Year Started: _____

List All Owners, Partners or Corporation Officers:

Principal's Name/Position	Residence Address	SS #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a list of major suppliers you have open credit with:

MAJOR SUPPLIER	STREET ADDRESS	CITY STATE ZIP	PHONE #	FAX #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank Name: _____
 Address: _____
 Tel # _____ Account # _____ Contact: _____

Do you have an outstanding loan from this bank? _____ Other Banks? _____

The undersigned hereby makes this application for credit to Numatech West (KMP) LLC and agrees to payment terms of Net 30 days from invoice date. Delinquent invoices are subject to a late fee of 1.5% per month on the delinquent amount. The undersigned shall be responsible for all collection costs and attorney's fees incurred in the collection of this account. No returned items will be accepted without prior approval. The laws of the State of California shall be applicable to all suits arising under this agreement. All accounts are due and payable in Pomona, California. In the event of litigation, the venue shall be in Los Angeles County, California.

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Numatech West (KMP) LLC to investigate the references listed pertaining to my/our credit and financial responsibility. I/We hereby authorize the references listed above to disclose any information pertaining to my/our credit and financial responsibility.

The individual signing this Application hereby certifies that he/she is an Owner or Officer authorized by the company to make this Application.

Printed Name: _____ Authorized Signature: _____
 Title: _____ Today's Date: _____