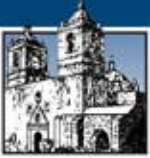


CREDIT APPLICATION



MISSION CITY
CONTAINER

Please make a copy of this form, fill it out and fax or mail it to:

Mission City Container
1810 S. Laredo St.
San Antonio, Texas 78207
TEL: 210.225-8732
FAX: 210.226.6968

Allow 5-10 working days for credit approval. If approved, the terms are net 30 days.

Name of Business _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Nature of Business _____ Date Est. _____

Tax Resale# _____

Type of Business

_____ Corporation

_____ Partnership

_____ Individual

_____ Owner

Names of Owners or Officers

President _____

Vice-President _____

Secretary _____

Treasurer _____

Our Monthly Credit Requirement from your firm is _____

Bank Name _____

Address _____

Type of Account: Savings Checking Loan Secured Unsecured

Account Name _____ Account # _____ Loan # _____

Business References

Name _____ Contact _____

Address _____ Zip _____

Phone _____

Name _____ Contact _____

Address _____ Zip _____

Phone _____

Name _____ Contact _____

Address _____ Zip _____

Phone _____

Name _____ Contact _____

Address _____ Zip _____

Phone _____

FOR OFFICE USE ONLY

We certify that all of the information on this form is true and correct and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signature _____

Title _____ Date _____