

| Winpak Winnipeg, MB Minneapolis, MN | Winpak Portion P Newtown, PA Etobicoke, ON | ackaging | Winpa Vaudrei Pekin, II | | San Bernarding | - | | |
|-------------------------------------|----------------------------------------------|--------------------|---------------------------------|-----------------------------------|-------------------------|----------------------|----------------------|--|
| INVOICE TO: | | | | SHIP TO: | | | | |
| COMPANY NAME : | | | | | | | | |
| ADDRESS: | | | | ADDRESS: | | | | |
| CITY: | PROVINCE/STAT | E: | | CITY: | | PROVINCE/ST | ATE : | |
| POSTAL/ZIP CODE : | COUNTRY: | | | POSTAL/ZIP COL | DE : | COUNTRY: | | |
| TEL. NO. | FAX NO. | | | TEL. NO. | | FAX NO. | | |
| TYPE OF BUSINESS : | | | | IN OPERATION S | SINCE : | | | |
| FEDERAL EMPLOYER ID NUMBER (US) : | | | | TAX IDENTIFICATION NUMBER (CAD) : | | | | |
| GENERAL INVOICE EMAIL | : | | | OWNERSHIIP |) : | SINCE : | | |
| TREASURER / CONTROLL | ER: | | | TEL. NO. | | EMAIL : | | |
| ACCOUNTS PAYABLE MANAGER : | | | | TEL. NO. | | EMAIL: | | |
| PURCHASING MANAGER: | | | | TEL. NO. | | EMAIL: | | |
| *If bank and trade referenc | e info is provided on a sep | parate sheet, plea | ase indicate | on application bu | ut note the application | still requires an a | uthorized signature* | |
| BANK REFERENCE : | | | | ACCOUNT NO. | | TRANSIT NO. | | |
| ADDRESS: | | | | | | | | |
| TEL. NO. FAX NO. | | CONTACT NAME : | | | | | | |
| TRADE REFERENCES | | CONTACT NAM | ME | TEL. NO. | | FAX NO. OR EMAI | L | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| MONTHLY CREDIT LIMIT F | REQUESTED : | | | \$ | | | | |
| If your financial statement | s are not available to us, | please complete | e the select | ed financial data | below, so that we m | ay meet your cred | lit requirements. | |
| FINANCIAL STATEMENT D | ATE: | | | CURRENT ASSE | TS: \$ | | | |
| SALES: | \$ | | | CURRENT LIABIL | LITIES : \$ | | | |
| NET INCOME AFTER TAX | : \$ | | | LONG-TERM DE | BT: \$ | | | |
| TANGIBLE NET WORTH: | \$ | | | LONG-TERM DE | BT DUE WITHIN ONE | 'EAR : \$ | | |
| The understaned conce | ata MINIDAIX ta aanduust | am imusatimati | | htalm amirimfarm | | الممم وأطلع ملا أموا | ation and | |

The undersigned consents WINPAK to conduct an investigation and to obtain any information required related to this application and each such source is hereby authorized to provide them with such information.

The undersigned understands the terms of sale are: payment due 30 days after invoice date, <u>if credit is approved</u>. The undersigned agrees to pay interest charges at 1.5% per month, 18% per annum on all past term accounts.

| PRINT NAME OF FULLY AUTHORIZED PERSON | POSITION | SIGNATURE | | DATE | | | | |
|---------------------------------------|---------------|---------------|-----------------|------|--|--|--|--|
| FOR INTERNAL USE ONLY | | | | | | | | |
| SALES REP NUMBER: | DIVISION CODE | E: CIRCLE ONE | LIMIT GRANTED : | | | | | |
| ACCOUNT NUMBER : | LTD. / INC | C. / CORP. | TERMS GRANTED: | | | | | |