



HSA CREDIT APPLICATION

Business Name : _____ Phone _____ Fax _____

Billing Address: _____ For past _____ years
(Street) (City) (State) (Zip Code)

Shipping Address: _____
(Street) (City) (State) (Zip Code)

D/B/A _____ State Tax I.D. Number _____ D&B # _____

Type of Business _____ Date Established _____ How Long in Business _____

OWNERSHIP: Proprietorship Partnership Corporation Limited Liability Company

Principal: _____
(name) (title) (SS#) (home address)

Principal: _____
(name) (title) (SS#) (home address)

(Name suppliers of major products and services)

Ref Name : _____ Phone _____ Fax _____

Address: _____
(Street) (City) (State) (Zip Code)

Ref Name : _____ Phone _____ Fax _____

Address: _____
(Street) (City) (State) (Zip Code)

Ref Name : _____ Phone _____ Fax _____

Address: _____
(Street) (City) (State) (Zip Code)

BANK: _____

(name) (address) (Phone) (Contact)

(Phone) (contact)
Checking Acct. # _____ Business Loan Acct. # _____ Other Acct. # _____

Anticipated monthly purchases? _____ Do you use purchase orders? _____ Will you be purchasing for resale? _____
If yes, please attach State Tax Exemption Certificate. Permit/Resale Number _____

Financial Statement are attached. Has Applicant, any of its principals or any related entity ever been bankrupt? Yes No

If yes, explain _____

Has Applicant ever operated under another trade name? Yes No If yes, explain _____

Does Applicant, any of its principals or any related entity have federal income or state franchise taxes due and unpaid? No If yes, explain: _____



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Comments or Special Instructions:

To the extent Applicant's credit request is approved, the following regulations govern the extension of credit to customers of Manakz Corporation dba **HSA** Packaging Systems. (henceforth referred to as "**HSA**"):

1. Standard selling terms are net 30 days. Requests for special terms must be made through **HSA**'s Credit Department. A service charge of 1 1/2% per month (18% per year) will be assessed on past due accounts.
2. No open account shipments will be made that will cause an account to exceed the credit limit established by **HSA** .
3. **HSA** may request from time to time reasonable evidence of continuing credit worthiness after an account has been opened. Such evidence will usually be in form of annual financial statements, trade references, and bank references, but **HSA** reserves the right to require additional information in its sole discretion.
4. Changes in the Applicant's business status or structure must be reported promptly to **HSA** since the original credit applicants will remain liable for payment for shipments made to a business until such notification is received. Formal notification of changes such as incorporation, changes in ownership or other restructuring that may alter the liability of a customer or its owner must be received in writing and will not be effective until received and approved by **HSA**.
5. In the event of non-payment of an obligation due **HSA** and the institution of collection and legal proceedings, Applicant shall pay any and all collection costs incurred by **HSA** in collecting amounts owed to **HSA** including, without limitation, attorney's fees together with court costs and accrued service charges from the date due until the date of final payment.
6. In consideration for **HSA**'s review of this Application and any credit subsequently made available to Applicant by **HSA**, the Continuing Guaranty below shall be executed and delivered with this Application and remain in full force and effect during any extension of credit made by **HSA** to Applicant.

The undersigned warrants that he or she is an officer or principal of the company that is requesting credit from **HSA**, has read and understands the preceding Credit Regulations and agrees to cause such company to abide by the terms and conditions outlined in said regulations. Authorization is hereby given to **HSA** to investigate the references herein listed and any other credit information available to **HSA** pertaining to Applicant. The undersigned hereby certifies that all of the statements and information contained herein are true and correct and have been supplied for the purpose of inducing **HSA** to grant the herein applied for credit. It is hereby agreed that the acceptance of this application by **HSA** for review and consideration shall not be construed as a commitment or approval by **HSA**. You will be notified by mail of the selling terms and credit line established for your account, if any. All orders will be shipped C.O.D. until the line of credit, if any, has been established by **HSA** in its sole discretion.

DATE _____ SIGNER'S NAME _____
 TITLE _____ SIGNATURE _____ by

In consideration for the extension of credit by **HSA** to _____ ("Customer"), and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I/We _____ ("Guarantor(s)") personally guarantee prompt payment of all past, present or future indebtedness of Customer to **HSA**. This guaranty is an absolute, unconditional, complete and continuing guaranty of payment, and no notice of any extension of credit already or hereafter contracted by or extended to Customer need be given to the Guarantor(s). Customer and **HSA** may rearrange, extend and/or renew Customer's indebtedness without notice to Guarantor(s), and in such event Guarantor(s) will remain fully liable hereunder to pay such indebtedness. Guarantor(s) hereby expressly waive presentment, demand, protest and notice of protest and dishonor on any and all forms of such indebtedness, and also notice of acceptance of this guaranty, acceptance on the part of Company being conclusively presumed by its request for this guaranty and delivery of the same to it. Guarantor(s) waive any right (available through contract, statute or common law) to require **HSA** to (a) proceed against Customer, (b) proceed against or exhaust any security or collateral, or (c) pursue any other remedy in **HSA**'s power whatsoever. Guarantor(s) waive any defense arising by reason of any disability, lack of corporate authority or power, or defense of Customer or any other guarantor of Customer's indebtedness, and shall remain liable hereon regardless of whether Customer or any other guarantor be found not liable thereon for any reason. Guarantor(s) shall have no right of subrogation, and hereby waives any right to enforce any remedy which **HSA** now has or may hereafter have against Customer, and waives any benefit of and any right to participate in any security now or hereafter held by **HSA**. Should **HSA** commence collection or legal proceedings to enforce Guarantor(s) obligations hereunder, Guarantor(s) agree to pay **HSA** all costs of such collection or legal proceedings, including attorney's fees together with court costs. This guaranty shall be available to the successors and assigns of **HSA** and shall always be fully binding upon the successors, assigns, heirs, representatives and administrators of Guarantor(s). By execution and delivery of this Guaranty, Guarantor(s) acknowledge that they have read the credit regulations described above and agree to such regulations. The terms of this Guaranty shall be governed by the laws of the State of California, and Guarantor(s) hereby submit to the jurisdiction of the courts, both state and federal, located in the State of California.

Signature	Date	Signature	Date
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Return completed form and financial statements to address below: