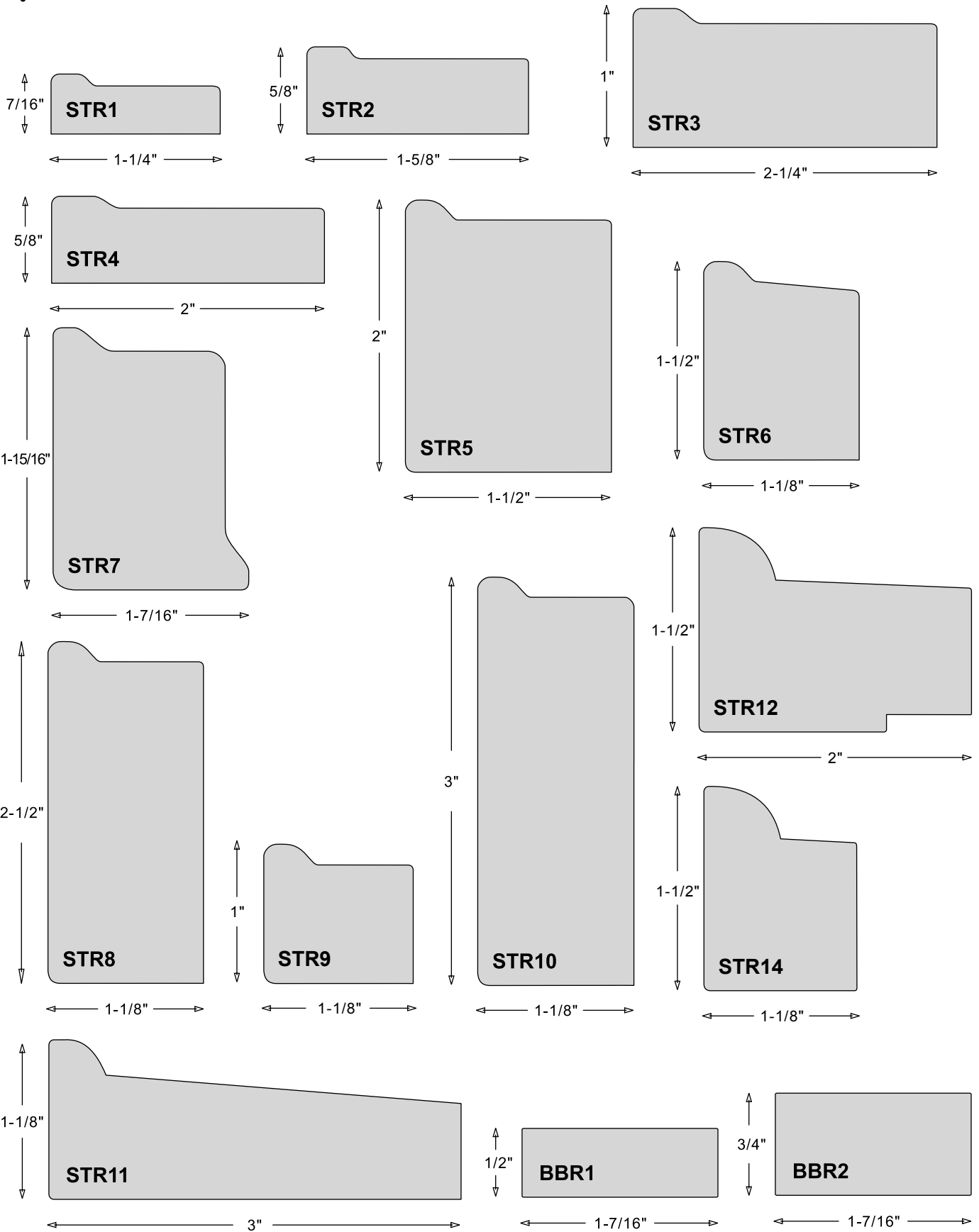


Linen Liners, Inc.



Linen Liners, Inc.

ITEM NO.	HEIGHT	x	WIDTH	BOX QTY.	1-4 BOXES	5+ BOXES
STR1	7/16	x	1-1/4	1200'	44¢ / ft.	26¢ / ft.
STR2	5/8	x	1-5/8	640'	49¢ / ft.	36¢ / ft.
STR3	1	x	2-1/4	320'	82¢ / ft.	73¢ / ft.
STR4	5/8	x	2	560'	62¢ / ft.	53¢ / ft.
STR5	2	x	1-1/2	200	91¢ / ft.	80¢ / ft.
STR6	1-1/2	x	1-1/8	420'	59¢ / ft.	52¢ / ft.
STR7	2	x	1-1/2	240'	94¢ / ft.	83¢ / ft.
STR8	2-1/2	x	1-1/8	240'	96¢ / ft.	87¢ / ft.
STR9	1	x	1-1/8	700'	45¢ / ft.	40¢ / ft.
STR10	3	x	1-1/8	210'	\$1.11 / ft.	\$1.00 / ft.
STR11	1-1/8	x	3	240'	\$1.13 / ft.	\$1.02 / ft.
STR12	1-1/2	x	2	240'	94¢ / ft.	83¢ / ft.
STR14	1-1/2	x	1-1/8	420'	59¢ / ft.	52¢ / ft.
BBR1	1/2	x	1-7/16	200'	37¢ / ft.	26¢ / ft.
BBR2	3/4	x	1-7/16	150'	48¢ / ft.	40¢ / ft.

FOB Fullerton, CA. Prices subject to change. Box quantities may vary. Dimensions are intended for description only.



a division of GLC General, Inc.

Account / Credit Application

Company mailing/billing information:

Name of Business _____
 Street Address _____
 City _____ State _____ Zip/Postal Code _____ Country _____
 Phone _____ - _____ - _____ Fax _____ - _____ - _____
 Website Address _____ Email Address _____
 Type of Business: Corporation Partnership Individual Federal Tax ID#: _____
 Principal/Officer Name: _____ S.S.#: _____
 Home Address: _____ Phone No.: _____
 Principal/Officer Name: _____ S.S.#: _____
 Home Address: _____ Phone No.: _____
 Years in Business: _____ Nature of Business: _____
 Accounts Payable Contact Name: _____
 A/P Phone _____ - _____ - _____ Ext. _____ Fax _____ - _____ - _____

Thank You.
 Please print a copy of this form and fill it out as completely as possible. Sign and fax the completed form to Linen Liners, Inc. Fax. (714) 870-6585

Linen Liners, Inc.
 100 W. Walnut Ave.,
 Fullerton, CA 92832
 Tel: (800) 742-2876
 Fax:(714) 870-6585

Company ship to address: (Same As Mailing/Billing Address above)

Business (Trade Name / DBA): _____ Street Address _____
 City _____ State _____ Zip/Postal Code _____ Country _____
 Phone _____ - _____ - _____ Fax _____ - _____ - _____ Email _____

Parent company information: (If applicable)

Company Name: _____ Street Address _____
 City _____ State _____ Zip/Postal Code _____ Country _____
 Phone _____ - _____ - _____ Fax _____ - _____ - _____ Email _____

Please provide two trade references: (open accounts)

1. Vendor Bus. Name _____ Address _____
 Contact _____ Phone _____ - _____ - _____ Fax _____ - _____ - _____
 2. Vendor Bus. Name _____ Address _____
 Contact _____ Phone _____ - _____ - _____ Fax _____ - _____ - _____

Please provide a bank reference:

Bank Name: _____ Account# _____
 Branch Address _____ Phone _____ - _____ - _____ Fax _____ - _____ - _____

Complete this application:

Name of the individual completing this application : _____ Title/Position _____
 Phone _____ - _____ - _____ Ext. _____ Fax _____ - _____ - _____ Email _____

Terms: 1% 10, net 30 days. FOB Fullerton, CA. I hereby agree to pay 1-1/2% per month service charge (18% annual) on past due balances, reasonable collection cost, attorney's fees and court costs if necessary to collect.

Signed _____ Date _____