

To Our Most Valued Customer:

Thank you for your interest in placing an order with Daparak, Inc. For us to serve your needs as quickly as possible, please provide the following information:

- Bill-to address
- Ship-to address
- Purchasing contact, phone number & fax number
- Accounts Payable contact, phone number & fax number
- D&B number if applicable
- Bank references with phone & fax numbers
- Four current trade references with phone & fax numbers
- * Copy of State tax-exempt certificate if applicable.

We appreciate your understanding. This information is used to bring your current account up to date or to open a new account with a 30 day line of credit.

* Daparak is required by the State of Virginia to have a copy of tax-exempt certificates on file for all accounts we treat as tax exempt. Because of this law, no new accounts will be completed until the appropriate tax information is received.

Master Card, Visa and American Express are accepted if this is ever an option for your company.

We do appreciate your business and look forward to working with you in the future.

Sincerely,

Daparak, Inc.
Accounts Receivables

Chesapeake, VA Office
1224 Executive Blvd., Suite 108
Chesapeake, Virginia 23320
Phone: (757) 512-6428
Fax: (757) 547-5855

Raleigh, NC Office
4915 Waters Edge Drive, Suite 180
Raleigh, North Carolina 27606
Phone: (919) 792-3780
Fax: (919) 859-4837

Roanoke, VA Office
3233 Oakdale Road, SW
Roanoke, Virginia 24018
Phone: (540) 904-1062
Fax: (540) 772-8086

Charlotte, NC Office
9305 Monroe Road, Suite E
Charlotte, North Carolina 28270
Phone: (704) 323-7023
Fax: (704) 845-4549

Daparak, Inc

Date: May 5, 2009

Attention: Accounts Payable

Subject: Electronically Transmitting Invoices

Please be advised that Daparak, Inc. is moving towards electronically sending invoices via fax. In order to accurately make this transition, please complete the following information.

If you wish to have your invoices **Faxed**, please provide the following:

Name of Company: _____

A/P Contact Person: _____

Telephone Number: _____

Fax Number: _____

If you are unable to accept faxed invoices and wish to have them **Mailed**, please provide the following:

Name of Company: _____

A/P Contact Person: _____

Telephone Number: _____

Mailing Address: _____

Please return this information by fax to:

Wendy Zimmer A/R

Fax # - 757-547-5855

Any questions please contact Wendy at 757-512-6811 or WZimmer@daparak.com