

Tel: (408) 331-8818

Fax: (408) 331-8830

(Page 1 of 5)

NEW ACCOUNT APPLICATION

Name		Lexy Contact Name	
Company Information			
Company Name		Name of Parent Company	
Billing Address			
Shipping Address			
Phone Number		Fax Number	
E-mail Address		Resale Permit State	Resale Permit Number
Corporate Officers and Owner	ership Information		
Name	Title	Phone Number	
Current Address			
Name	Title	Phone Number	
Current Address			
Business Description			
Type of Legal Entity (Please ch	neck one) Corporation	n 🗆 Partnership	□ Sole Proprietor
Date of Incorporation		State of Incorporation	
Description of Business			
Annual Revenue (US\$)		Number of Employees	
Federal Tax ID			
Trade References			
1. Company Name		Phone Number	
Contact Name		Fax Number	
Address			



Tel: (408) 331-8818

Fax: (408) 331-8830

(Page 2 of 5)

rade References (cont.)		
2. Company Name	Phone Number	
Contact Name	Fax Number	
Address		
3. Company Name	Phone Number	
Contact Name	Fax Number	
Address		
Bank Information		
Bank Name	Phone Number	
Contact Name		
Current Address		
Checking Account No.	Savings Account No.	
Loan Account No.		
Dun & Bradstreet Number	D&S Rating	

Please include a copy of your Reseller Certificate and a voided check!

RESALE CERTIFICATE

Company Name:				
I HEREBY CERTIFY: That I hold valid seller's permit Noi				
pursuant to the Sales and Use Tax Law; That I am engaged in the business of	selling			
; That the tangible personal property	described herein which I shall			
purchase from Lexy Pacific Corp. will be resold by me in the form of tangible	e personal property; provided			
however, that in the event of any such property is used for any purpose other	than retention, demonstration			
or display while holding it for sale in the regular course of business, it is under	stood that I am required by the			
Sales and Use Tax Law to report and pay tax measured by the purchase p	rice of such property or othe			
authorized amount.				
² Description of property to be purchased:				
Date: *Signature:				
At: By (Name, Title):				
Phone: Address:				
State	e: Zip:			

- ² "Description of the property to be purchased" can be:
- Either an itemized list of the particular property to be purchased for resale, or
 A general description of the kind of property to be purchased for resale.



Tel: (408) 331-8818

Fax: (408) 331-8830

(Page 4 of 5)

AGREEMENT

Applicant agrees that Lexy Pacific Corp in its sole discretion may grant terms for payment products purchased from Lexy Pacific Corp. The net terms privilege, if and when granted, shall be subject to and in consideration of the terms and conditions which follow:

Applicant authorizes Lexy Pacific Corp to make a credit investigation of applicant and to contact applicant's bank and trade references. Applicant authorizes said references to release credit information to Lexy Pacific Corp.

Payment of amount due Lexy Pacific Corp for products purchased shall be made not later than the date and in accordance with the terms indicated on each invoice to customer. If payment terms or due date is not indicated, payment shall be made upon receipt of the invoice.

If customer fails to make payment when due, customer agrees to pay in addition a late payment charge on the amount due and owing to Lexy Pacific Corp. It is agreed that the actual loss to Lexy Pacific Corp on account of late payment would be extremely difficult and impractical to determine and that fair compensation to Lexy Pacific Corp for such failure shall be a late payment charge of 1.5% per month on the balance not paid by the 25th of the month following purchase.

If Lexy Pacific Corp resorts to legal action or other collection proceedings to collect any amount due and owing from the customer, all costs, collection charges, and reasonable attorney's fees shall be paid by customer.

The terms and co	nditions of sale shall include those set forth a	above and those contained in the Customer Purchase Order.
Applicant:		Signed By:
Title:		Date:

Thank you for applying for credit from Lexy Pacific Corp. We appreciate your business and look forward to a mutually beneficial relationship!



Tel: (408) 331-8818

Fax: (408) 331-8830

(Page 5 of 5)

BANK CREDIT INQUIRY

DATE:					
BANK NAME:		ATTN: _	ATTN:		
ADDRESS:					
PHONE:		FAX:			
COMPANY:		ACCT. NO	ACCT. NO.:		
ADDRESS:					
	es that the above informatio release all credit and financi		es, is true and correct and authorical		
AUTHORIZED SIGNA	TURE:	DA	ATE:		
PRINT NAME:	TITLE:				
**************************************		**********	*********		
Please provide the foll	owing information:				
	Checking	Savings	Others		
	ACCOUNT#	ACCOUNT#	ACCOUNT #		
Open Date					
Avg. Balance					
Current Balance					
No. of NSFs					
Account Rating					
Credit Line: Yes	s No Secured:	Yes No C	redit Limit:		
Comments:					
	Date:				
Print Name:	Title:				

Thank You. Credit Manager