



2914 Leonis Blvd., Vernon, CA 90058
Tel: (323) 583-8883
Fax: (323) 583-8884

CUSTOMER ACCOUNT SET UP FORM

Date: _____

COMPANY INFORMATION

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Number: () _____ Fax Number: () _____

Website: _____ Email: _____

Type of Business: _____ Resale No. _____

Federal Tax ID No. _____ D&B No. _____

Year Company Started: _____ Number of Locations: _____

SHIP TO ADDRESS (List down on a separate sheet, if you have more than one shipping address)

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Number: () _____ Fax Number: () _____

BUSINESS STRUCTURE

Partnership Sole Proprietorship Corp. If Corp. which state: _____

FACILITY

Own Building Rent Landlord's Name: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax Number: () _____

PRINCIPALS

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

BANK INFORMATION

Name of Bank: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax Number: () _____

Account No. _____

Do you have any outstanding loan (s) from this bank? Yes No

Other Banks? Yes No

If yes please list bank (s) _____

Have you gone through personal or corporate bankruptcy? Yes Year: _____ No

Do you pledge or borrow on your accounts receivable? Yes With whom? _____ No

Do you finance your inventory on a secured basis? Yes With whom? _____ No

Are any assets pledged or debts secured except as shown? Yes With whom? _____ No

Insurance Carried By: _____

Are any presently or have you in the past functioned as Principal of any other Company? Yes No

If yes, Name of Company: _____

Company Address: _____

TRADE REFERENCES

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Number: () _____ Fax Number: () _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Number: () _____ Fax Number: () _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Number: () _____ Fax Number: () _____

BUYER

Contact Name: _____

Office Number: () _____

Email: _____

TRAFFIC

Contact Name: _____

Office Number: () _____ Fax Number: () _____

Email: _____

ACCOUNTS PAYABLE

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Number: () _____ Fax Number: () _____

Email: _____

EDI

Do you have EDI capability? Yes No

If yes, Name of contact person _____

Office Number: () _____ Fax Number: () _____

I/We understand that the terms of sale require payment on or before the due date and agree to meet those terms. Delinquent invoices are subjected to a late fee on the outstanding balance of the lower of 1½% per month or the highest allowed by law. All invoices are payable upon shipment. Should legal &/or collection action be instituted in connection with the collection of any account due from the undersigned, the undersigned agrees to pay fees & costs incurred with any such proceeding for attorneys, collection and courts & fees. This agreement shall be interpreted under the laws of the State of California as the contracts wholly performed within the state. Venue for any action brought by either party to enforce any terms of this agreement shall be in Los Angeles County or in any other location selected by Naxa Electronics, Inc. The above information is for the purpose of obtaining credit and is warranted to be true. I/We authorize Naxa Electronics, Inc. to make such credit investigations pertaining to my/our credit and financial responsibility as Naxa Electronics, Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. I/We hereby authorize the references listed above to disclose any information pertaining to my/our credit and financial responsibility.

Signed _____ Date _____

Name (Print) _____

Title _____

Signed _____ Date _____

Name (Print) _____

Title _____

If the entity is a corporation, indicate the office of the person signing the agreement on behalf of the corporation. If the entity is a partnership, the same should be signed by a General Partner, who should so indicate by use of the word partner. If the entity is an individual proprietorship, the same should be indicated by use of the title Sole Proprietor.

CONTINUING PERSONAL GUARANTY

For valuable consideration, the undersigned jointly and severally unconditionally guarantee and promise to pay Naxa Electronics, Inc. on demand, in lawful money of the United States, any and all indebtedness of the above applicant to Naxa Electronics, Inc. The liability of the undersigned under this agreement shall not exceed at any one time the balance appearing on the account of the applicant and shall remain in effect until expressly revoked by written notice by either party to the other. Any such revocation shall not in any manner affect the undersigned's liability as to any indebtedness existing prior thereto. The undersigned agree(s) to pay attorneys' fees, collection costs and court costs & fees, which may be incurred through the enforcement of this Guaranty by Naxa Electronics, Inc. The undersigned agrees that this agreement shall be interpreted under the laws of the State of California as to contracts wholly performed within the state, and agrees that venue for any action brought by either party to enforce any terms of the Guaranty Agreement shall be in Los Angeles County or in any other location selected by Naxa Electronics, Inc.

Name (Print) _____ Name (Print) _____

_____ Date _____ Signature of Individual Guarantor _____ Date _____ Signature of Individual Guarantor _____

_____ Social Security Number _____ Drivers License No. _____ State _____ Social Security Number _____ Drivers License No. _____ State _____

Please affix your signature on this application and fax it to Naxa Electronics, Inc. (323) 583-8884 and mail the original copy to us.



ELECTRONICS, INC.

2914 LEONIS BVLD.

VERNON, CALIFORNIA, 90058

TEL: (323) 583-8883

FAX: (323) 583-8884

EMAIL: sales@naxaelectronics.com

Dear Trade Reference:

We have been asked by _____ to obtain information about its credit worthiness and financial responsibility from you. Below, please find their authorization.

AUTHORIZATION

I/We authorize Naxa Electronics, Inc. to make such credit investigations pertaining to my/our credit and financial responsibility as Naxa Electronics, Inc. sees fit, including contacting trade references and banks and obtaining credit reports. I/We hereby authorize our trade references to disclose any information pertaining to my/our credit and financial responsibility.

Company Name: _____

Sign: _____

Name: _____

Title: _____

Please complete the attached information sheet for the Company mentioned herein and fax the completed information sheet to (323) 583-8884.

Should you have any further questions or comments, please do not hesitate to contact us.

Thanks,
Naxa Electronics, Inc.