

Rexus Corp.

www.rexususa.com

349 Paseo Tesoro, Walnut, CA 91789

Phone: 909-598-5551 Fax: 909-598-5515

New Account Application Form

COD
 Net Term

Company Information

Type of Account Applying for:

Company Name:

DBA:

Street Address:

Address Line 2:

City: State: Zip Code:

Telephone #: Fax #:

Website URL:

Buyer Name: Telephone: email:

(AP) Name: Telephone: email:

Description of Business

Nature of Business:

On-line Store Retail Store System Integrator

Wholesale Distributor Other:

Ownership:

Corporation Partnership Proprietorship Other:

Date Established:

Reseller's Certificate #:

Federal ID #:

Dun & Bradstreet #:

Number of Employees:

Marketing Profile:

Sales Territory: Local Regional National International

Primary Marketing: Retail Store Mail Order E-Commerce Other

Annual Sales Volume:

Estimate Purchase from Rexus per Month:

Please fax completed form back to Rexus Corp. at 909-598-5515 or email to : info@rexususa.com

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CREDIT RELEASE AUTHORIZATION

Bank Information

Company Name:	<input type="text"/>		
Bank Name:	<input type="text"/>		
Branch Address:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
City:	State:	Zip Code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone #:	Fax #:		
<input type="text"/>	<input type="text"/>		
Checking Account #:	<input type="text"/>		
Saving Account #:	<input type="text"/>		

I/We certify that the foregoing information has been supplied truthfully, accurately and voluntarily, and therefore authorize REXUS CORP. to investigate my/our credit worthiness, credit history and financial responsibility through any credit bureau or any reasonable means, including direct account with past and present creditors. I/We also authorize banks and other financial institutions to give information to REXUS CORP. terms and conditions listed on invoices. In the event of non-payment, the undersigned does hereby agree to pay in addition to the principal amounts above, late charges, reasonable attorney fees and court costs. The undersigned agrees to submit to the jurisdiction and venue of the courts of Los Angeles County, California in the event there is a dispute relating to purchase, including the collection of amounts due.

Signature :

Date :

Print Name:

Title:

FILL BY BANK ONLY

Dear Sir/Madam,

The firm mentioned above had made an application to Rexus Corp. for extension of credit and provided your company as a reference. Please fill out the following information. We appreciate your cooperation in helping us make an informed and fair decision. The information provided is for internal use and will remain strictly confidential. Thank you!

Please fax completed form back to Rexus Corp. at (909) 598-5515

Account #:	<input type="text"/>	Type of Account:	<input type="text"/>
Date Account Opened:	<input type="text"/>	Current Balance:	<input type="text"/>
Returned check in last 12 months:	<input type="text"/>	Average Balance:	<input type="text"/>
Comments/Account Rating:	<input type="text"/>		
Bank officer Signature:	<input type="text"/>	Date :	<input type="text"/>
Bank officer Print Name:	<input type="text"/>	Title:	<input type="text"/>

TRADE REFERENCES

(1)

Company Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Nature of Business:	<input type="text"/>	How long with this Vendor:	<input type="text"/>
Contact Person:	<input type="text"/>	Email Address:	<input type="text"/>
Telephone #:	<input type="text"/>	Website URL:	<input type="text"/>
Account Name/No:	<input type="text"/>	Payment Term:	<input type="text"/>
Credit Line:	<input type="text"/>	Type of Product Purchase:	<input type="text"/>

(2)

Company Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Nature of Business:	<input type="text"/>	How long with this Vendor:	<input type="text"/>
Contact Person:	<input type="text"/>	Email Address:	<input type="text"/>
Telephone #:	<input type="text"/>	Website URL:	<input type="text"/>
Account Name/No:	<input type="text"/>	Payment Term:	<input type="text"/>
Credit Line:	<input type="text"/>	Type of Product Purchase:	<input type="text"/>

(3)

Company Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
Nature of Business:	<input type="text"/>	How long with this Vendor:	<input type="text"/>
Contact Person:	<input type="text"/>	Email Address:	<input type="text"/>
Telephone #:	<input type="text"/>	Website URL:	<input type="text"/>
Account Name/No:	<input type="text"/>	Payment Term:	<input type="text"/>
Credit Line:	<input type="text"/>	Type of Product Purchase:	<input type="text"/>

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Dear Customer,

In compliance with Sales and Use Tax laws, it is necessary that we have from all our customers a signed resale certificate, with their State Sales Tax permit number, to show that the merchandise has been purchased for resale.

Please complete the below form and attached a copy of your original seller's permit.

Thank You.

RESALE CERTIFICATE

Firm Name :

I HEREBY CERTIFY, that I hold valid seller's permit #

Issued pursuant to the Sales and Tax Law: that I am engaged in the business of selling

That the tangible property described herein which I shell purchase from:

will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than demonstration or display while holding it for sales in the regular course of business, it is understood that I am required by Sales and Use Tax law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased:

Signature :

Date :

Print Name:

Title:

Address:

City:

State:

Zip Code:

Please fax completed form with a copy of reseller's permit to Rexus Corp. at 909-598-5515 or email to : info@rexususa.com