

CREDIT APPLICATION / CUSTOMER PROFILE

Credit Application **MUST Be Signed & Returned By Fax:** (905) 338-5446

Attn: Credit/Collections Dept.

COMPANY INFORMATION

(Please PRINT Clearly)

Legal Company Name: _____	
Operating Under The Name: _____	
Address: _____	City: _____
Prov/State: _____	Postal/Zip: _____
Billing Address: _____	City: _____
Prov/State: _____	Postal/Zip: _____
Telephone No: _____	Fax No: _____
Type of Business: _____	Operating Since: _____
No. of Employees: _____	Funds: Cdn \$ () and/or US \$ ()
WEBSITE _____	
President / Owner: _____	Controller/Gen. Mgr: _____
ACCOUNTS PAYABLE CONTACT _____	TELEPHONE/ext _____
EMAIL _____	FAX _____
Prov Sales Tax No. * _____	GST No. _____

*** If PST exempt, please provide copy of exemption certificate**

for office use only	
Sales Representative _____	Approved by _____
Estimated Value of Sale _____	Date Approved _____
Approx. Date of Installation _____	Customer Number _____



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FINANCIAL INFORMATION / REFERENCES

(Please PRINT Clearly)

<u>Banking Information/Authorization for Credit Report</u>	
Financial Institute: _____	Line of Credit: _____
Address: _____	Account No: _____
Contact/Bank Mgr _____	Telephone No: _____

Please do not list any of the following as trade references:

Credit Card Companies, Utility Companies, Rent/Landlord

Office Supply Companies, Customs Brokers, Transport & Courier Companies and Printing Companies

*****References must be able to quote a minimum of one full year trade experience*****

<u>Credit History / Current Trade References</u> (Telephone & Fax No's must be supplied to process your application)	
Company _____	Telephone: _____
Address _____	Fax No. _____
Company _____	Telephone: _____
Address _____	Fax No. _____
Company _____	Telephone: _____
Address _____	Fax No. _____

Terms and Conditions

This is an Application and Agreement for credit and shall apply to any and all credit extended by Lexsys Networks Inc.

The credit applicant understands and agrees to the following terms and conditions of sale:

Terms of payment on this account are net 30 days (unless otherwise stated) and I agree to pay the account on that basis.

All claims against invoices must be made within 10 business days after receipt of goods/service.

Accounts not paid by due date may be subject to an interest charge from date of maturity at the rate of 2% per month (24% per annum) as shown on invoices. NSF cheques will be subject to an administration charge.

Goods may not be returned without prior authorization of Lexsys Networks Inc. and a Return Authorization Number.

Goods/merchandise authorized for return may be subject to a minimum 25% restocking charge.

The information given on this Application/Agreement is warranted to be true and correct and given for the purpose of obtaining credit. The applicant consents to the obtaining of credit and/or personal information as may be required in connection with the credit line hereby applied for or any renewal or extension thereof and to the disclosure of any trade information concerning the applicant to any credit reporting agency or to any person with whom the applicant has or proposes to have financial relations.

Completed By: _____ Title: _____
Name

_____ Date: _____
Signature