

TOKAI DENPUN USA, INC.

12835 BEL-RED RD., SUITE 135 / BELLEVUE, WA 98005

TEL:(425)455-3064 / FAX:(425)455-3104

CUSTOMER ACCOUNT APPLICATION AND AGREEMENT

Registered Business Name _____

Address (P.O.Box & Street) _____

City _____

State _____

Zip _____

Phone: () _____

Fax: () _____

Type of Organization: Partnership Corporation Sole Proprietor

Name & Address of owners, partners, or corporate officers and their titles:

Contact Person:

Sales: _____

Phone: () _____

Accounting: _____

Phone: () _____

Social Security#: _____

Resale Tax#: _____

Federal ID#: _____

Sales Tax Exemption: _____

BANK REFERENCES

First Bank: _____

Second Bank: _____

Branch: _____

Branch: _____

Address: _____

Address: _____

Branch Manager: _____

Branch Manager: _____

Phone#: () _____

Phone#: () _____

Bank Account No.(MUST BE COMPLETED)

Bank Account No.(MUST BE COMPLETED)

TRADE REFERENCES

Name: _____

Name: _____

Name: _____

Address: _____

Address: _____

Address: _____

Phone: () _____

Phone: () _____

Phone: () _____

Fax: () _____

Fax: () _____

Fax: () _____

Anticipated \$ Volume: Summer Months _____

Winter Months _____

The undersigned will immediately notify Tokai Denpun USA of any material change in the information provided above. Invoices not paid within the term are subject to late charges on the unpaid amount, at the rate of 2% per month. The undersigned agrees to have understood and be bound to these terms of payment. In consideration for the extension of credit by Tokai Denpun, THE UNDERSIGNED READ AND UNDERSTANDS the terms and conditions in the sales contract.

Signature: _____

Title: _____

Date: _____