

Title:

Date:





Mail or Fax application to: 3869 Dividend Dr., Suite 1, Shingle Springs, CA. 95682 Fax: 530-676-6262 Email: Sales@xytronic-usa.com

| BUSINESS CONTACT INFORMATION  |                |              |           |
|---|----------------|--------------|-----------|
| Title:  |                |              |           |
| Company name:   |                |              |           |
| Phone:  | Fax:           | E-mail:      |           |
| Registered company address:   |                |              |           |
| City:   |                | State:       | ZIP Code: |
| Date business commenced:  |                |              |           |
| Sole proprietorship:  | Partnership:   | Corporation: | Other:    |
| BUSINESS AND CREDIT INFORMATION   |                |              |           |
| Primary business address:   |                |              |           |
| City:   |                | State:       | ZIP Code: |
| How long at current address?  |                |              |           |
| Telephone:  | Fax:           | E-mail:      |           |
| Bank name:  |                |              |           |
| Bank address:   |                | Phone:       |           |
| City:   |                | State:       | ZIP Code: |
| Type of account   | Account number |              |           |
| Savings   |                |              |           |
| Checking  |                |              |           |
| Other   |                |              |           |
| BUSINESS/TRADE REFERENCES   |                |              |           |
| Company name:   |                |              |           |
| Address:  |                |              |           |
| City:   |                | State:       | ZIP Code: |
| Phone:  | Fax:           | E-mail:      |           |
| Type of account:  |                |              |           |
| Company name:   |                |              |           |
| Address:  |                |              |           |
| City:   |                | State:       | ZIP Code: |
| Phone:  | Fax:           | E-mail:      |           |
| Type of account:  |                |              |           |
| Company name:   |                |              |           |
| Address:  |                |              |           |
| City:   |                | State:       | ZIP Code: |
| Phone:  | Fax:           | E-mail:      |           |
| Type of account:  |                |              |           |
| AGREEMENT   |                |              |           |
| 1. All invoices are to be paid 30 days from the date of the invoice.  |                |              |           |
| 2. Claims arising from invoices must be made within seven working days.   |                |              |           |
| 3. By submitting this application, you authorize Contoso, Ltd. to make inquiries into the banking and business/trade references that you have supplied. |                |              |           |
| SIGNATURES  |                |              |           |
|   |                |              |           |
|   |                |              |           |

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