

46221 Landing Parkway, Fremont, CA 94538
 Phone 510.226.7366 | Fax 510.226.7367
 AR@exxactcorp.com | sales@exxactcorp.com

Company Information

Legal Name		DBA	
Billing Address		City	State Zip
Shipping Address		City	State Zip
Email		Phone	Fax
EIN/Tax ID		Web Address	
Ownership* <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship		State of Incorporation	
Date Established	DUN & Bradstreet No.	Reseller Permit No.	State
Annual Sales Revenue	Do you require a purchase order number before we accept an order? <input type="radio"/> Yes <input type="radio"/> No		
Number of Employees	Has this firm ever filed for bankruptcy? If YES, please attach an explanation. <input type="radio"/> Yes <input type="radio"/> No		
Are you a Subsidiary / Division? <input type="radio"/> Yes <input type="radio"/> No		Parent Company Name	
Address		City	State Zip

*For Partnership & Proprietorship, please provide a current Financial statement and complete the Personal Guarantee.

Principal Officers

CEO/President		
Purchasing Manager	Email	Phone
Finance Manager	Email	Phone
Accounts Payable Contact	Email	Phone

Agreement

This credit application and agreement is submitted by customer to Exxact Corporation (hereafter Exxact) to determine credit limit. Customer agrees to make payment in full to Exxact for all amounts due according to Exxact's Invoice(s). Customer also agrees to pay Exxact as interest an amount equal to 1.5% per month, or the maximum provided by law (which ever is less), for invoice amounts that are past due. Should customer default any such payment(s), Exxact shall have the right, without notice to the customer, to declare all invoice amounts due and payable. In the event Exxact should commence any action or actions, or otherwise seek to enforce this agreement against customer or any guarantor, customer agrees to pay reasonable attorney(s) fees, collection fees, court costs and other expenses incurred by Exxact whether or not suit is file.

Print Name	Signature
Title	Date

Personal Guarantee

If not a corporation/incorporated

I, _____ residing at _____
Name (please print)

For and in consideration of your extending credit at my request to _____
(here-after Company), I hereby personally guarantee the payment to Exxact Corporation in the state of California as an obligation of the Company and I hereby agree to bind myself to pay Exxact Corporation the amount demanded any of which may become due to Exxact Corporation by the Company whenever the Company shall fail to pay the same.

Signature	Date
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Trade References

1 Company Name	Accounts Receivable Contact	Payment Terms	Credit Limit	
Account No.	Phone	Fax	Email	
Address		City	State	Zip

2 Company Name	Accounts Receivable Contact	Payment Terms	Credit Limit	
Account No.	Phone	Fax	Email	
Address		City	State	Zip

3 Company Name	Accounts Receivable Contact	Payment Terms	Credit Limit	
Account No.	Phone	Fax	Email	
Address		City	State	Zip

4 Company Name	Accounts Receivable Contact	Payment Terms	Credit Limit	
Account No.	Phone	Fax	Email	
Address		City	State	Zip

5 Company Name	Accounts Receivable Contact	Payment Terms	Credit Limit	
Account No.	Phone	Fax	Email	
Address		City	State	Zip

The undersigned authorizes release of all credit information, both business and/or personal, requested by Exxact Corporation. This form may be reproduced and a fax copy shall be as effective consents as the original, once it has been signed.

Print Name	Signature
Title	Date



Bank Inquiry Form

46221 Landing Parkway, Fremont, CA 94538
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AR@exxactcorp.com | sales@exxactcorp.com

Thank you for your assistance.
Please return via email or fax.
AR@exxactcorp.com | 510.226.7367

! If you are a Wells Fargo customer, please use their form.

Company Information

Company / Corporation Name	Date		
Billing Address	City	State	Zip
Email	Phone	Fax	

Customer's Bank Information

Bank Name	Contact Person		
Bank Address	City	State	Zip
Email	Phone	Fax	

The undersigned certifies that the above information provided for credit purposes is both true and correct and authorizes all parties contacted to release all credit and financial information requested, including banking records.

Print Name	Title	Email*
Signature**	Date	

*Signer Email must be the email of the authorized signer. Authorization cannot be delegated to another party.
**Signer Information must match the financial institution's information on file for the client.

Account Information

For Bank Use Only

Checking	Savings	Other	Credit
Account#	Account#	Account#	Line of Credit
Open Date	Open Date	Open Date	Open Date
Average Balance	Average Balance	Average Balance	Credit Limit
Current Balance	Current Balance	Current Balance	Current Balance
No. of NSF's	No. of NSF's	No. of NSF's	Secured <input type="radio"/> Yes <input type="radio"/> No
Account Rating	Account Rating	Account Rating	Maturity

Print Name	Signature
Title	Date